VS A15 (4) 15M 10/57 I

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7121 CERTIFICATE OF DEATH

Reg. Dist. No. 7104

1. PLACE OF DEATH 6. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE
Frince Georges	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)  Cherverly. Ind	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Murkirk. Md.
d. NAME OF HOSPITAL (If hotelin haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince Georges General Hosp.	Cheverly M.D. YES NO.
3. NAME OF First Middle	Last OF Month Day Year
(Type or print) Charles T. Y.	Adams DEATH 58 June 6 1958
	B. DATE OF BIRTH  3/11/2  AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if refired) James	md asol
allende adman	14. MOTHER'S MAIDEN NAME
	FORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates al service)	elin adams Murbush med
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	leth Corchal interval Between ONSET AND DEATH
443X DUE TO	The court of the same
Conditions if any which )	and and estable Athor Tune
gove rise to immediate	sur direction of the sure of t
lying game lest	
(-)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
OR CONTRIBUTING DICAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Port I or Port II of item 18.)
	CCE OF INJURY (Home, farm, 20f. (City or lawn) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 5/12	1958 to 6/6 1957 that I last saw the decement
1	The state of the s
alive on 4 for and that death	occurred at_[1AM, from the causes and an the date stated above.
ACTUAL / Morning I) and Comean	ADDRESS (Street, Pity or town, state) DATE SIGNED
SIGNATURE	A.D. 3503 Viny W. 6/6/38
PHYSICIAN'S WORM AN DONAT CIMER	The THI Coming Mid
220. BURIAL CREMATION 20. DATE THEREOF 220 NAME OF CEMETERY OR CONTROL (Specify)	GREMATORY 22d IOCATION (City, Jawn, or county) (State)
23. FUNERAL DISECTOR'S SIGNATURE ADDRESS	24g, RECTOR BY REGASTRAR 24b, REGISTRAR'S SIGNATURE
New V. Wromoda 467 Not n.	DATE 240. REGISTRAN 246. REGISTRAN'S SIGNATURE

the state of 082 pur sumas allerander administrations Calvin adams Weerlacole Dred Grid-28 Guren Chapel Byloinkink mel Minus Q Wasington 467 N 26 M V

# FOR STATE HEALTH DEPT.

ctor. Page for files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare the certifies, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distanciable for Ashauld be for Acaded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boot or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 I

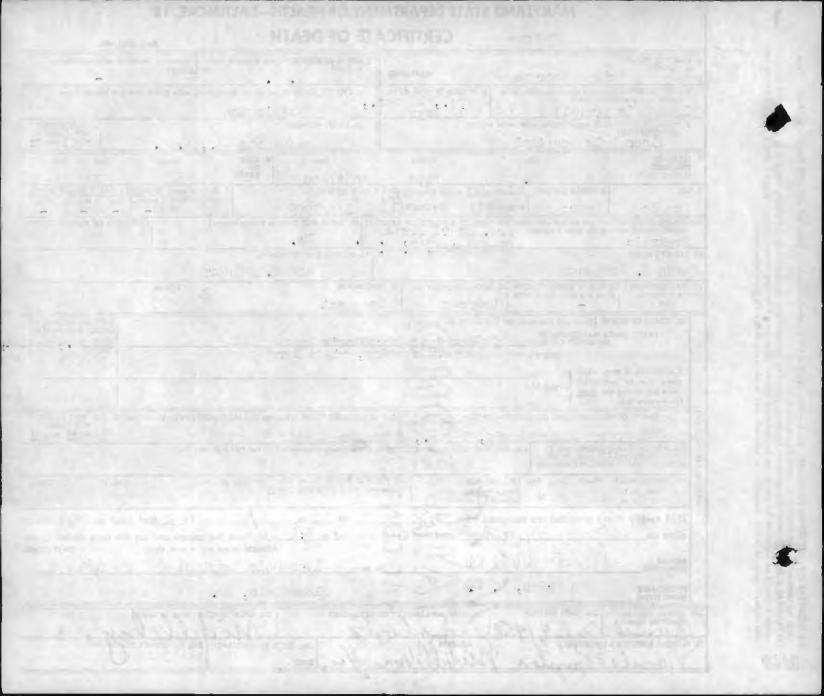
0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

								wad. n	141. 140	•	
1. PLACE OF DEATH	rines George	8	MARY	- 1	2. USUAL RESIDENCE (	(Where dece		ution: Reside			ission)
b. CITY OR TOWN (	Il autode corparate limits, write	EURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside co	rporote limits, write	RURAL one	d give n	eoresi la	own)
River	1		D.O.A.		/G Mou	mt Ra:	inier				
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hosp	sital, give street address	3)	d. STREET ADDRESS						ESIDENCE A FARM?
Leland	Memorial Hos	pita!	L		/ 3210 Per	ry Sti	reet				] NO [
3. NAME OF DECEASED (Type or print)	George		Middle	Ager	Lost	4. DATE OF DEATH	Mont Jun				Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR		DER 24 HRS
Male	white	WIDOWED			11-20-09		losi birthday)	Months	Days	Hours	Min.
during most of worki	ION (Give kind of work doing life, even if retired)		nd of Business or	INDUSTRY				12. CITI	U.S		COUNTR
13. FATHER'S NAME	0.1.02	- Charles		T	4. MOTHER'S MAIDEN				-		
C. ar	les Ager				Ann	de Be	11				
	VER IN U. S. ARMED FOR	prvice)	OCIAL SECURITY NO.		ORMANT dith Ager;	- Auditoria di	Addres				
Conditions, if gove rise to imme (a), stating the course lost.	ediate cause		Acute c	aseu	stive heart lar renal d	liseas		VEN IN PAR	ONSE	T AND DE	ATH
S								***	1		NO T
	ONTRIBUTING [	. DESCRIBE	HOW INJURY OCCUR	KED. (Ent	er nature of injury in Po	att i or Port i	II of item 18.}				
Y 20c. TIME OF INJU	19	While of wor	rk ot wark	factor	OF INJURY (Home, for y, street, office bidg., et	(c.)	ty or town)	(Co	unly)		(Stote)
actual signature  EXAMINER'S NAME (Type)	John T. I	Malone	loney;  by, N.D.  22c. NAME OF CEMETE	dent	, Suicide ,  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  DEPUTY MEDICAL  REMATORY	Hamicide EXAMINER E CAL EXAMINER EXAMINER 22d. LOC.	ER 🖸	ne 30	o, 1	DATE:	signed
23. FUNERAL DIRECTO		1	Fort Linco ADDRESS  lle Maryla			D BY REGIS		ISTRAR'S SIC	SWATIA	E	

MANUAL EXAMILARS CHARGOLD DEVIANTE Digital con-400 Y -\* \* \* torde grade first and for the second OE hart and great broader the Appearance of the FUAPART DISCUSSION STATE all the second of the second o Line adout The same property and the contract of the cont secondo deses calconstettes Throat The total of the second or to the contract of the cont And the second of the second s party and the other states and the same.



may be retained the haspital or attending physician.

TO FUNERAL DERECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit plermit. Then please remave carban papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

ATZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07107

CERTIFICATE OF DEATH

	712:	3	CERTIF	ICATE	OF D	EATH			Reg. Dist		108
1. PLACE OF DEATH O. COUNTY Prince G	eorge		MARYLA		ISUAL RESID	-	e deceased lived	b. COUNTY	on: Residence	!	nission)
b. CITY OR TOWN (I RURAL and give no Cheverly	f outside carporale fim earest town)	its, write	c. LENGTH OF STAY IN	lb c	CITY OR T		side carporate ti				pwn)
_OR_INSTITUTION	orge Gener		address)		d. STREET AL	DDRESS	Avenue	*****	7	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle Alle		lost		I. DATE OF DEATH	Mon	ih ,	Doy 28	Year 19 58
5. SEX Male	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED  ED DIVORCED		TE OF BIRTH	- #4	las	GE (In years of birthday) O yes.	IF UNDER I	-	IDER 24 HRS.
during most of work	king life, even it reffred	done 10b.	RIND OF BUSINESS OR		11. BIRTHPLA	1 1	foreign country	0		S. A	AT COUNTRY?
13. FATHER'S NAME	?			14.	MOTHER'S	MAJDEN NA	ME ?:				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of			IZ INFORM		T Bake	r Nort	h Beac	ch, Ma	ryland	i.
Conditions, if a gove rise to it cause (a), stating lying couse last.  PART II. OTH	mmediate the under. DUE TO	In I	CONTRIBUTING TO DEATH	S M BUT NOT I	GLE PELL RELATED TO	THE TERMIN	AL DISEASE CON	Schel	EN IN PART	10 y e	A M S  S AUTOPSY FORMED?
20c. TIME OF INJUR Haur o. m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED 20 k Ol work	le. PLACE O factory, s	F INJURY (H street, office	lome, form, bldg., etc.)	20f. (City or to	wn)	(Co	unty)	(Stole)
21. I certify th	Administration of the contract	deceas	ed from Justes		, 1955 urred at.	695 Al 35	OM, from the DORESS (Street, S	causes of the country or town,	nd an the	date st	ne deceased above. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Byrial	7/2/58	OF .	22c. NAME OF CEMETE			1	2d. LOCATION (		Virgi		lote)
23. FUNERAL DIRECTOR	_	Hvett	ADDRESS			-	BY REGISTRAR		TRAR'S SIGN	1	

NTARA ROSTARTINA and the same states and a second second showingself of the things are a self-into which 0

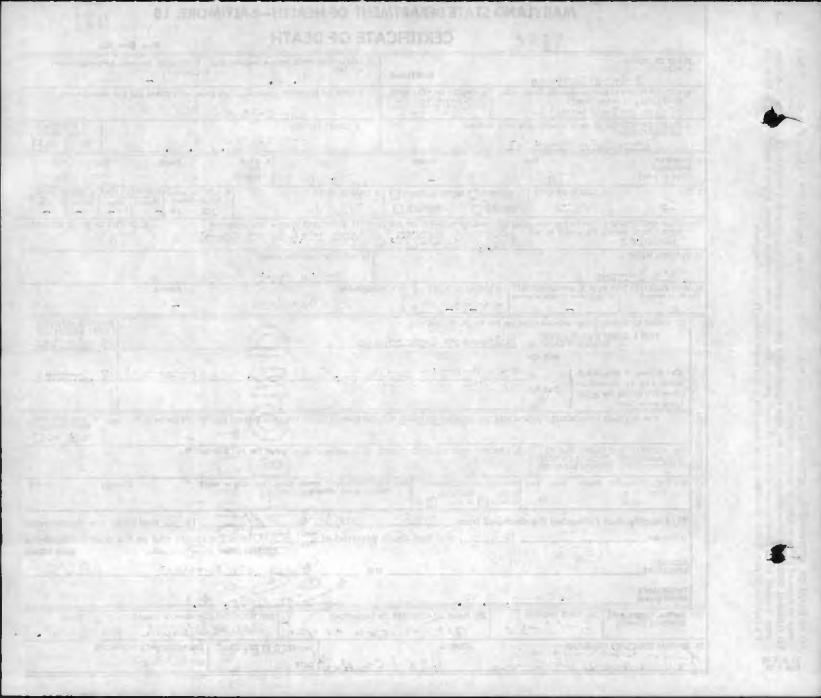
VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07108

	718	4	CERT	IFIC/	ATE OF DEATI	Н		Reg. Dis	it. No.	. 0 0
1. PLACE OF DEATH o. COUNTY	ce Georges		MAR	YLAND	2. USUAL RESIDENCE (WI o. STATE D. (	_	d lived. If instituti b. COUNTY	on: Residen	ce before adr	nission)
	outside corporate limi arest fown)	ts, write	c. LENGTH OF STAY	and	c. CITY OR TOWN (IF			URAL ond g	give rearest to	own)
OR INSTITUTION	AL (If not in hospital, o Dale Hospi		oddress)		d. STREET ADDRESS	8th S			I ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fii Lee	st .	Middle		Barnes	4. DATE OF DEATH	Mon		Doy 11	Year 19 58
Male	6. COLOR OR RACE Negro	WIDOWE		0 🔲	8. DATE OF BIRTH 1/9/02		9. AGE (In years lost birthday) 56 yrs.		Doys Hou	
Laborer	N (Give kind of work ing life, even if retired	done 10b. I J O Va	hnnie Warr Landso	en.	STRY 11. BIRTHPLACE (Stole Alexandria/S	or foreign couth (	Carolina		SA,	AT COUNTRY
3. FATHER'S NAME  Jim Barn  5. WAS DECEASED EVER		CES? I.6. S	SOCIAL SECURITY NO		Hattie By		Add	7044		
(Yes, no, or unknown) NO	If yes, give wor or dates of s	ervice)	50-12-4819		Deced	dent	A Out	400		
Conditions, if an gove rise to in couse (o), stoting the lying couse lost.  Part II. OTH	the <u>under</u>	to:	ribs and c	hest	inoma, left ] wall				1(o) 19. WA	
PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF ETHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)			NO [
20c. TIME OF INJURY Hour a. jr. p. m.		20d. IN While of work	UURY OCCURRED Not while of work	20e. PL. for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City	r or town)	(C	ounty)	(Slote)
alive on	at I attended the	decease 1258	_			AM, from	1 19 58 In the couses of treet, city or town, P. Hospita	nd on th		
PHYSICIAN'S NAME (Type)	Moe We		I D			n Dal	e. Md.			
REMOVAL (Specify)	6-13-	58	22c. NAME OF CEM		r CREMATORY was yet	22d. LOCA	TION (City, town, o	111	shingt	on,D.
23. EUNERAL DIRECTOR'S	SIGNATURE	ins	ADDRESS 48	04	Co. AV DATE	D BY REGIST	TRAR 246 REGIS	TRAR'S SIG	MATURE	



TO DEPUTY MEDICAL EXIMINER: This certificohm should be executed within 24 hours after death. If any deloy is necessal execute the certificat, writing the word "pending" in pendil in Item 18. Give Poges 1, 2, and 3 to the funeral dury 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MS. MINNE

5M 2,57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07109

-		1						Reg. Dist. No.	
1	PLACE OF DEATH				2. USUAL RESIDENC	E (Where dece	osed lived. If institution	n: Residence befo	ore admission)
	8. COUNT	Prince G	eorges	MARYLAND	o. STATE	vland	b. COUNTY	Pr. G	
	b, CITY OR TOWN P		write 1U1AL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside c	orporate limits, write Rt	JRAL and give ne	orest town)
		Cheverly		D.O.A.	Berwyn	Height			
				ntot, give street oddress)	d STREET ADDRES			-	IS RESIDENTE
	Prince	Georges G	eneral !	Hespital	5902	Osage	Street		YES NO
	3. NAME OF DECEASED		First	Middle	Last	4 DATE	Month	Doy	Yeor
	(Type or print)	Cha	rles	Benjamin	Beall.	DEAT	June	1,	19 58
1	3. SEX	S COLOR OF RAC	E 7 MARRIE	D NEVER MARRIED B	DATE OF BIRTH		Provide the same of the same o	To	IF UNDER 24 HRS
L	Male	222222	WIDOWED	DIVORCED [	1-16-58		ALE V	onths Days	Hours Min,
1	Do. USUAL OCCUPATE during most of working	ON (Give kind of wor	rk done 10b K!	NO OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	itale or foreign	country)	12 CITIZEN OF	WHAT COUNTRY?
			<u></u>	<b>M</b>	Maryl	and		U.S.A	•
V	13. FATHER'S NAME				14 MOTHER'S MAIDE	EN NAME			
4		es Beall			Norma	King			
	IS. WAS DECEASED EV	ER IN U. S. ARMED : If you give was or dates	FORCES? 16 5 of service)	OCIAL SECURITY NO 17, I	PORMANT		Address	Carl some	
					harles Bea	ll: sax	e address		
	18. CAUSE OF DEA	TH Enter only one	cause per line to	or (a), (b), and (c).				PATERY	AL BETWEEN
Т	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(o) B	renckopnewnowi				0.1317	AND DEATH
	1. 7	DUE 7							+9
	Conditions, if o		(b)						
1	gave rise to immer		0		-			-	A 45 Wy
1	cours lost.		(c)			***			
	PART II OTH	TER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
	3				-			Y	ES NO
	PART II OTH	USE WAS NTRIBUTING []	20b DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in	Port I or Part	If of item 18 )		
	20c. TIME OF INJU	RY Manth, Doy,	Year 20d IN	NURY OCCURRED 200 PLAC	E OF INJURY (Home,	form,   20f. (C	ity or town)	(County)	(State)
	20c, TIME OF INJU	1	While of worl	Not while lack	ry, street, office bldg.,	etc.)			
		hat I taak char	ge of the re	emains described abo	ve, held an Auto	psy 7.	Inspection XI.	Inquiry M.	and in my
	1			oușes 🕝 . Accident [			e [], Undeterm		,
1		1	O + A .	1			- Elli	med monne	
	ACTUAL SIGNATURE	Dunita	TATA	lones	M.D. CHIEF MEDICA	L EXAMINER	)		DATE SIGNED
1	1	-Created C	, , , ,		ASSISTANT ME	DICAL EXAMIN	IER 🗀		
	EXAMINER'S NAME (Type)	John T. Ma	aleney.	M.D.	DEPUTY MEDIC			1, 1	958
1	TO BURIAL CREMATIC	N 1225 DATE THER		THE OF CEMETERY OF		22d. LOC	ATION (City, town, or o		(Stote)
	Burial	June 3	, 1958	Fort Lincol	n Cemetery	Col	lmar Manor		,
2	3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24a R	EC'D BY REGI	STRAR 246 REGISTE	AR'S SIGNATURE	
	F Gas	sch's Son	s Hyat	ttsville Md.	DATE	UN 5 '5	8 llefe	edución	
E.			Training Training			The second of the second of	or a manhate same and annual		



4 8 8

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	7185 CERTIFICATE OF DEATH Reg. Dis() 17.111)
1	PLACE OF DEATH  o. COUNTY Prince George's Co.  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland  b. COUNTY Pr. Geo's. Co.
	b. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town)  RURAL and give nearest fown)  Silesia  22 Years  Silesia
97	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION.  8161— Riverview Road S.E.  6. IS RESIDENCE ON A FARM? YESPITAL (If
3	NAME OF DECEASED (Type or print) GOLDIE R. BERRY DEATH June 2nd. 19 58
5	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Pemale White WIDOWED DIVORCED Nov. 9th 1893  9. AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS. 100 pirthday)  64 yrs. Months Days Haurs Min
	do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if relired)  Domestic  Silesia, Maryland.  USA
i.	3. FATHER'S NAME  William Raum  Laura Taylor
1	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO IV. INFORMANT Address [Yes. no. or unknown]   If yes, gave wor or dates of service)   Samuel S. Berry 8161- Riverview Road S.E. (Hu
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PAGE OF DEATH (Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH  2 Links
	Conditions, if any, which ) (b) Concerning of the Uters e 3 ares
	gave rise to immediate couse (a), stating the under- lying cause last.  DUE TO  Augustation of Blacker 2 months  2 months  (c) Security Concerns 2 months  2 months
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH SUPPORT OF REFORMED?  YES NO SET OF CONTRIBUTIONS OF DEATH SUPPORT OF PORT II O
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURED Hour a.m. 19 of work alwork alwork alwork
	21. I certify that I attended the deceased from 22, 1957, to 23, 1958, that I last saw the deceased live on 22, 1958, and that death accurred of 11 A.M. from the causes and an the date stated above.
	ACTUAL SIGNATURE and Congret Toold M.D. 75/9 Brown Med S. E. 6/2/3
1	PHYSICIAN'S ANNA COYNE TODD.  D.C. 2 2
2	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, of county) (State)  REMOVAL (Specify)  Benefit 58 Orlington Selman Automation (City, Iown, of county)  Control of the Control of Contr
2	ADDRESS 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE 1240. REC'D BY REGISTRAR'S
	Zast Do



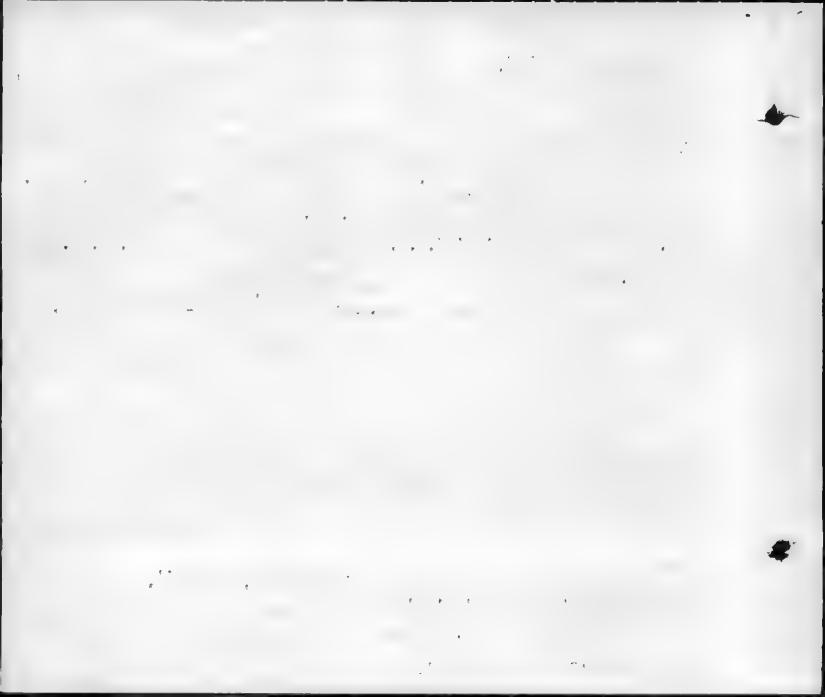
>		7186	3	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	ND 3111	
	o. COUNTY Pri	nce George	es l	MARYLAND	2. USUAL RESIDENCE (W) 0. STATE Mary	ere deceased lived. If instit b. COUN	TM.	before odmission) ce Georg	ges 1
1	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits,	write c. LENG	TH OF STAY IN 16	c CITY OR TOWN (If a	sutside corporate limits, write	RURAL and giv	re negrest town)	
1	Mornings		23	Years	X Morni	ingside			
1		L (If not in hospital, give			d. STREET ADDRESS			e. IS RESIDENCE	CE
	11 Maria	nne Court			11 Mariant	ne Court		ON A FARA	-
1	3 NAME OF DECEASED	First		Middle	Lost	4. DATE N	ionth	Day Year	
	(Type or print)	Haro		M.	Bower	OF DEATH	June	25, 19 5	86
	5. SEX	6 COLOR OR RACE 7.	MARRIED	IEVER MARRIED	8. DATE OF BIRTH	9 AGE (In yea lost birthday		YEAR IF UNDER 24 I	
1	Male		/IDOWED 🔲	DIVORCED [		394   64 7		oys Hours M	in.
	10a. USUAL OCCUPAT Of during most of works	N (Give kind of work doring life, even if retired)	te 105 KIND OF	BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZ	EN OF WHAT COU	NTRY
	Ret. Guard		ment	Govern-	Indiana		U.	S. A.	
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
	James B. I	Bower			Laura Ja	ackson			
1	15. WAS DECEASED EVER	IN U.S. ARMED FORCE:		ECURITY NO. 17	INFORMANT Harry	W. Bower A	ddress		
ı		7-17		- Ma	exciterated (S	on) (-s	ame as	above.	)
	18. CAUSE OF DEAT	H [Enter only one couse	per limp for (o).	(b), and (c).]	1. 0	,		INTERVAL BETWEE	N
		H WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	lust	hall	arome	- Zia)		ONSET AND DEAT	H
	3 / X	DUE TO		and A					de.
ı	Conditions, if on	y, which ) (b) d	Will	mar	levois	Quest.	-11	1-4	
	gove rise to im	DUIE TO				/ Land	7-7-		_
İ	lying couse lost.	(c)			<i>'</i>				
1	PART II. OTHE		TONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION C	SIVEN IN PART I	(o) 19 WAS AUTO	PSY
ļ	PART II. OTHE	Lasta	- 1	Afor-				PERFORMED YES   NO	2.4
	200. ACCIDENT WAS	UNDERLYING [ 20	b. DESCRIBE HO	W INJURY OCCURRE	D (Enter noture of injury in I	Port I or Part II of item 18.)		TEST NO	100
	OR CONTRIBUTING T	CAUSE OF DEATH						_	
			20d. INJURY OC	CURRED 20e Pl	ACE OF INJURY (Home, form	20f (City or town)	IC n	unty) (SI	tote)
	Y 20c. TIME OF INJURY Hour o.m.	19	While Not	whilefo	clory, street, office bldg., etc.		100	omy, (3	O/C]
	-			7					
	/	t l attended the d	(T)	/	7, 19			st saw the dece	
ı	alive an Ce	hall sk	1248	ond that death	occurred at	M, fram the causes	and an the		
1	ACTUAL	1	100		7,000 013	ADDRESS (Street, city or tow	1.5	DATE SI	GNED
	SIGNATURE	mus-	NIS	ynn	17112	ver Hill Rd		0/20/00	<b>3</b>
	PHYSICIAN'S TO	hn P. D'A	Alana	M. D.	Silver H	ill, Maryla	na•		
ŀ							**		
	220. BURIAL, CREMATION REMQVAL_(Specify)	- 1 1		ME OF CEMETERY C		22d LOCATION (City, town		(Stole)	
1	Buri al.	6/28/58			n Cemetery	Bladensbu		Maryland	1
	23 FUNERAL DIRECTOR'S			ORESS Man	240. REC'I	D BY REGISTRAR 15846 RE	ISTRAR'S SIGN	ATURE A	
	Ritchie Br	osUpper	Marto	M.O. Mar.	TATIL DATE		_ , ,, ,		

erol director, death; Inge 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be defacthed for use as the build-transit permit. Then please femane-corbon papers. Pages 1 and 2 shalthe registrar prior to burial, crematian, at remayal, and in any event within 72 yours after death.

IN MUNICIPAL OF MITENDINE PHYSICIAE: The low requires that the doubt certificate be exacuted within 24 flaurs after VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH

07112

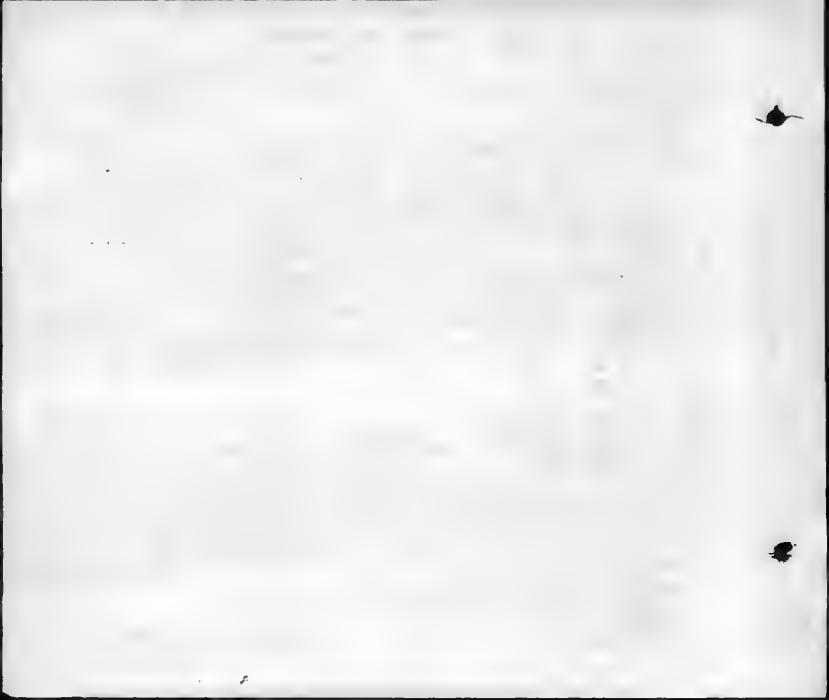
I				25	CERTITIO		L OI DEPTI	•		Reg. D	ist. No.				
	9	COUNTY	rae la		MARYLAND	11 .	USUAL RESIDENCE (WI STATE Mary Land	nere decent	b. COUNTY				stion)		
		. CITY OR TOWN (I	f outside corporate limits,	write	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g								m)		
		RURAL and give ne Riverdale	orest town)		DOA Laurel										
	Lamou		AL (If not in hospital, give	street o	oddress) d. STREET ADDRESS,							e IS RESIDENCE ON A FARM?			
			land Memoria	1 He	pepital		317 Montgom	ery F	d.				NO DE		
	3	NAME OF	First		Middle		lost	4. DATE	Mont	ħ	Doy	,	Year		
		DECEASED (Type or print)	GEORGE		HENNING	B	DYLE, SR.	DEAT	H Jun	0	10	)	19 50		
	5. 5	SEX	6 COLOR OR RACE 7	MARR	IED E NEVER MARRIED	8 D	ATE OF BIRTH		9. AGE (In years   last birthday)		-		ER 24 HRS		
		Male	White W	IDOWE	DIVORCED		4/26/93		15.25 yrs.	Months	Days	Hours	Min		
	100	. USUAL OCCUPATIO	ON (Give kind of work dor- king life, even if retired)	e 10b. !	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Slote	or foreign	country)	12. CI	TIZEN O	F WHA	T COUNTRY?		
		Engineer		I	Retired		Maryl	and.		U	J.S. /	A			
	13.	FATHER'S NAME				1.	MOTHER'S MAIDEN H	AME							
		John S.	Boyle				Erma S	chmid	lt						
			R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFO	RMANT		Addr	<b>e</b> 11					
	u	nknown				]	Hospital re	cords	1						
		18. CAUSE OF DEA	TH [Enter only one couse	per lin	ne for (o) (b), and (c) ]						INTE	INTERVAL BETWEEN			
		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Congestive 1	onyestive heart failure							12h45.		
	420.1 DUE TO														
	Conditions, if any, which ) the Myneral is a conference											14 hrs			
		gave rise to a couse (o), stating	mmediate ( DUE TO		(		_								
		lying couse lost.	(c)_		Cono ABRY	1-12	tereis de	CUS 5				<u>3y</u>	PHES		
מ	CATION	PART II OTH	IER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEATH BU	T NO	RELATED TO THE TERM	INAL DISEA	SE CONDITION GIVE	EN IN PAI	RT 1(o) 11	PERF	AUTOPSY ORMED?		
	CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b DESC	CRIBE HOW INJURY OCCURR	ED (E	nter noture of injury in	Port I or Pe	ort II of item 1B }						
	MEDICAL	20c TIME OF INJUR Hour o m. p. m.	Y Month, Day, Year 19	20d. IN While of work	Not while		OF INJURY (Home, form, street, office bldg., etc		ity or town)	1	County)		(Stote)		
		21. I certify th	at I attended the d	ecease	ed from July		, 1956, to	J414	(C , 19 S)	S that I	last sa	w the	deceased		
		alive an J	2	19 5	~4-	h oc	,	SAT	om the causes a						
			P	, ,,	, , , , , , , , , , , , , , , , , , , ,	.,		ADDRESS	(Street, city or town,	state)			ATE SIGNED		
/		ACTUAL SIGNATURE	on 1 tole	Tile	200	_ M D.	3408L	hode	Island	41	PAIN	ist,	4441		
		PHYSICIAN'S NAME (Type)													
	220	RURIAL, CREMATIO	N, 220 DATE THEREOF	1958	22c. NAME OF CEMETERY-	OR CR	enatory ess.	220 100	ATION (C 14, 10mg, o	r county)	and a	(Ste	ite)		
	23	EUNERAL DIRECTOR	SEIGNATURE	han	ADDRESS	U	24g REC'	DEYNEG	STRAP 246 CEGIS	TRAP'S SI	GNATUR	7			

TI HOLINIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss ofter death. Page 4 moy be retained by the hospital ar attending physician.

O FUNERAL DIRECT: After this certificate has been signed by th∎ attending physician and completely filled in by the page 3 should be delached for use as the burial-transit permit. Then please remayer capear papers. ■ages 1 and 2 should be delached for use as the burial-transit permit. Then please remayer capear pages.

The registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. moy be retained by VS A15 [4] 15M 9/55

veral director, d be filed with

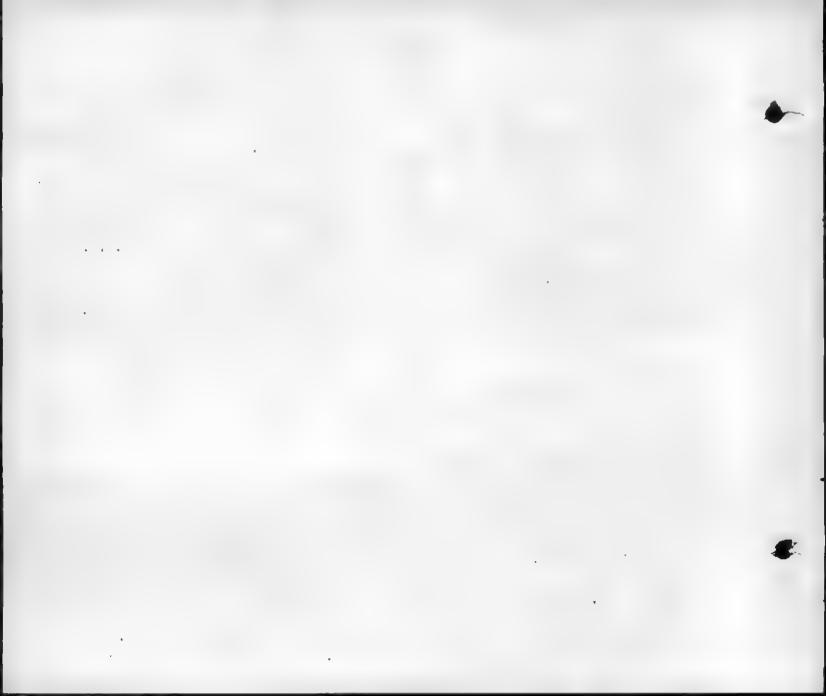


Reg. Dist. No.

}	0	COUNTY	rge			MARYLAND	2. USUAL RES		ere deceosed	lived. If institution b. COUNTY		ce befor	e admissi	ion)
j	Ь		f outside corporate l'imi	ts, write	c. LENGTH OF			TOWN (If o		ote fimils, write R		give neal	rest lawn	***
1	d	NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g			e.y	d STREET		pl.			•		DENCE FARM? NO <b>K</b>
	D	AME OF ECEASED	Fir			Middle	Lo	si	4. DATE OF	Mon		Doy	Y	feor
	<u> </u>	ype or print}	Marga			Fitch	Brinso	m	DEATH	June 2	9		1	9 58
	5. SE	remale	6. COLOR OR RACE	7. MARRIE		MARRIED [	8. DATE OF BIRT			9. AGE (In years lost birthdoy)	Months	1 YEAR Doys	Hours	R 24 HRS. Min
	100				446		Aug 16			67 yrs	120			
	100.	during most of work	N (Give kind of work ing life, even if retired DUSCWIIC	OW	n home		Tex		or foreign ca	untry)		J.S.A		COUNTRY
	13. F	ATHER'S NAME		<del></del>			14. MOTHER'S	MAIDEN N	IAME			7 9 9 1	- 0	
College College		A	lbert C. F	itch			Ida	Johns	on					
	15. V	VAS DECEASED EVE	R IN U.S. ARMED FOR	CES7 16. SC	OCIAL SECURI	Y NO. 17	INFORMANT			Add	ess			
		. D. SIMILDANI	no	er widel	none		John Bri	nson	Bre	ntwood,	Mary	land	i.	
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	0.	for (a), (b), ar		Three	mb	0515	Y W W W			RVAL BET	DEATH
		Conditions, if or gove rise to in couse (a), stating lying couse lost.	nmediate (	<del> </del>	RTERI	05<2	012071	c H	EART	T Dis	e'A-\$ (	2 7	2-41	25
)	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO			T NOT RELATED TO				EN IN PAR	T 1(o) 19	PERFO	UTOPSY RMED?
		200 ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJ	JRY OCCURR	ED (Enler nature o	of injury in P	Port I or Part	11 of item 18.)				
	MEDICAL	Oc. TIME OF INJURY Hour a.m. p. m.	f Month, Day, Yes	While	URY OCCURRE Not while of work		LACE OF INJURY octory, street, offic			or lown)	(0	ounty)		(State)
	3	ACTUAL FILL	or I attended the	19 3	B . 600 d	that deat	, 19.5 h accurred at M.D. 350	2:27/20	_M, fram	the causes of cet, gity or town,	nd on th	last same date	e state	deceased d above TE SIGNED
	-	BURIAL, CREMATION REMOVAL (Specify) Urial	July 2,				or Crematory  n Cemete	ry		on (City, town, o			(Stole	1)
	23. Ft	F. Gase	signature h's Sons	Hyat	ADDRESS tsvill	e, Ma	ryland.	24g. REC'E	BY REGISTR	7	TRAR'S SIC	SNATUR	Ē	

TO HOSPITAL OR ATTENDING PENTICENN: The low requires that the death certificate be exempted within 21 Illinus ofter Geath: Page 4 may be retained by Albanda to other this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours ofter death. TO FUNERAL DIRECT

> VS A15 (4) 1SM 10/57

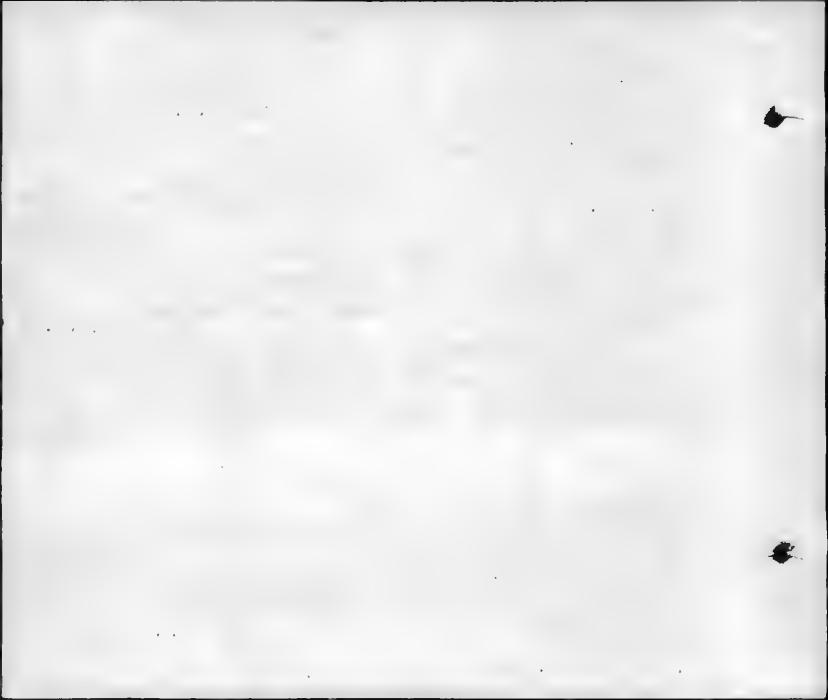


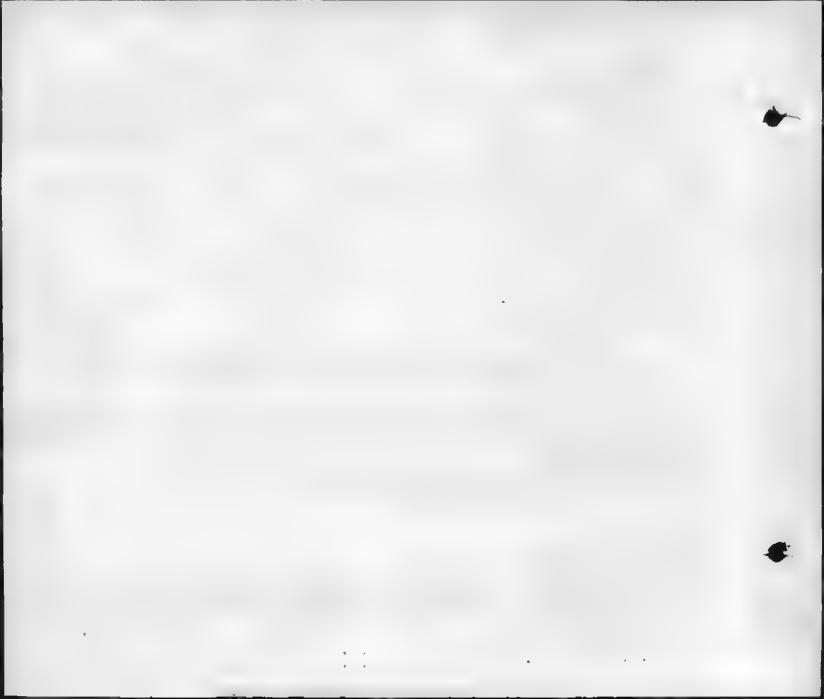
	F	Ö	K	51	A
ŀ	łE	A	LT	Н	D
please.	Poge	riles.	Heolth,	or its designated agent, prior to buriol, cremation, ar remaral, and in any event within 72 hours after death.	
B	TO.	ä	4		/
necess	direc	for	oaco		
20	era	E C	00	,c	
Jeig	fun	etai	Sto	deo	
Ony o	o the	be a	h the	ofter	
Miles Piles	3	(CIIII	<u>=</u>	515	
death	2, and		and 2	72 ho	
ofter	es 1,	- F	- 59	Milhin Indian	1
Sours	Pag e	A P E	e pog	vent	
24	Š	F	Ü	E	
dillin	<u>.</u>	With I	Ë	in Q	
red v	llen,	olong	it per	gud,	
Kecq	,E	ice.	rons	aval	
8	enci	Ö	Fig.	rem	
D 5	.E	ner	50	Ö	
045	ng.	124	03 0	tion	
COP	endi	三世	basi	emo	
erf.f	d f	Birco	be .	l, cr	
nis o	WOF	of Me	Pine	ourio	
	The	Ġ	3 she	10	
Ž	ting	ne.	96	ni or	- (
XAX	Ī	5	2 :	ر ت ت	
3	4	Š	TOR	ger	
<b>♥</b> ∪	J.L	3.	REC	ed	
MED	e cer	e fo	ā	guat	
77	e the	S P	RA	desig	
EPU	cure	han	ž	193	
0	D X D	4 5	10 F	Ö	
/S	A	15	ME		

0

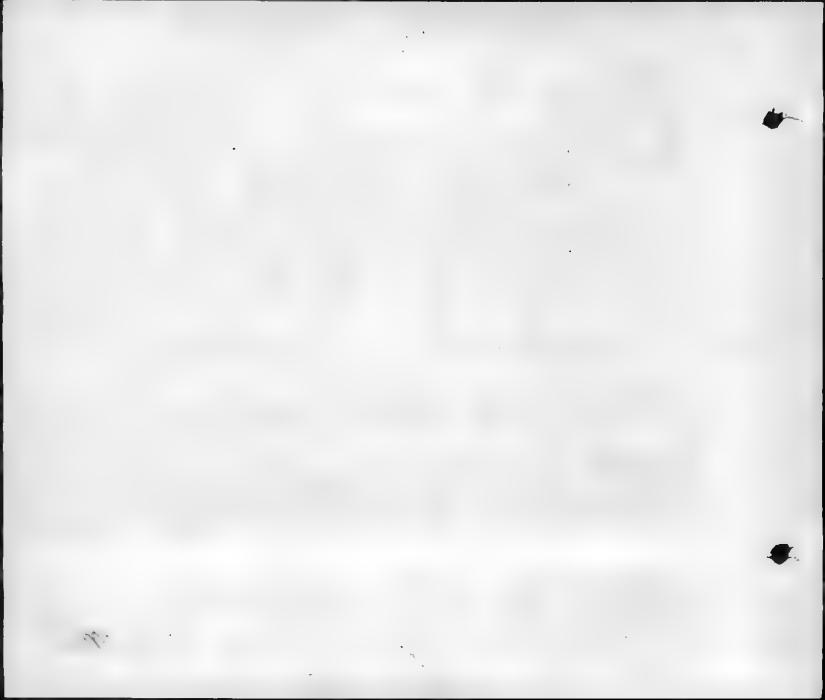
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's MARYLAND Wash ington b. CITY OR TOWN (If outside corporate limits, wide BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest lown) lawed treatment size on a Washington D. C. should on army Cheverly Md d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENT & ON A FARMS 217 li th Place Prince George's General Hosbital YES NO 3, NAME OF Middle DATE Lost Month Yeor DECEASED Oil 1958-(Type or print) Brown DEATH June Edward 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 24 8 DATE OF BIRTH 9 AGE in years 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. colored male WIDOWED [ DIVORCED [ Jan 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11 **S** National Car Wash co Laundale N C Car washer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, ar unknown] (If yes, give war or dates of service) George W Brown 2426 15th Place S E Washington Dew C. 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b); and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which; gove rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO F 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port It of Item 18.) PRIMARY LY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURR D 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (actory, street, office bldg., etc.) Cal work of at work 21. I certify that I took charge of the remains described above, beld an Autopsy ... Inspection U. Inquiry and in my opinion death resulted from: Natural causes Accident V. Suicide . Homicide . Undetermined monner ACTUA DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATOREL ASSISTANT MEDICAL EXAMINER EXAMINE DEPUTY MEDICAL EXAMINER NAME (Tube 220. BURIAL CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) (Stote) REMOVAL (Specify) 6/2 Removal **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE W.ERNEST JARVIS CO. 1432 YOU St. NW (Wash) DC

DATE, TUN 5





- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST.	ATE	7128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH I	DEPT.	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY  b. COUNTY
Health Co.	M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest years)
	~	SAME OF HOSPITAL OR INSTITUTION (E not in hospital, give street oddress) d. STREET DDR 55
ral d.	ar 4	Some Spores Someral Horpelay Croom Station Kond YES NO
refoir e Stat		3. NAME OF DECEASED (Type or print) Soar C Middle Middle Month Day Year 12 15
ay be the the the the the the the the the th		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 6. DATE OF BIRTH 9 AGE (In your loubuilder) Hear IF UNDER 24 HE
e 5 m d 2 v 2 hour		100 USUAL OCCUPATION (Give kind of work/done 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (Stote or foreign/country)  12 CITIZEN OF WHAT COUNTRY?
Pog s l or		13. FAJHER'S NAME DI
Poges Page page	1	Binjamin Burroughs Ligge Blake
Give File		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT)  (It you, give was at do so al service)  (It you, give was at do so al service)
d in it		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:
in the case and case	√	812 X DUE TO Hamanage and Abord
Sencil S Offi riol-tr		Conditions, if any, which are course to immediate cause the Compound froature of right land
miner s a bu		(a), staling the underlying DUE TO Crushed Most, Resplened displaces
ending of Era rsed or emotiv	0	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS ALTOPSY PERFORMED? YES NO []
Medic d be		200. EXTERNAL AUSE WAS  RIMARY DO CONTRIBUTING   200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
the we should should burn		20c. TIME OF INJURY Month, Doy, Year 20d. HAJURY OCCURRED 20c PLACE OF INJURY (Home, form, 1201. (Cjty or town) (County) (State)  Hour a.m. 4 - (6 19 28 of work of wo
iting the doge 3		21. I certify that I tack charge of the remains described above, held an Autopsy , Impection , Inquiry , and in my
OR: P		opinion death resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined manner
ory IRECT		ACTUAL SIGNATURE ACTUAL M.D. CHIEF MEDICAL EXAMINER (
The se f	2	EXAMINER'S A MESTER DEPUTY MEDICAL EXAMINER DEPUTY MED
shoute TUNE		220 BURIAL TREMATION, 276. DATE THEREOF 220, NAME OF CHAETERY OR CREMATORY 1577 LOCATION Will, lover, or founty) (Sign)
2 4 5 9		13 LINE 6-20-38 WELLIGHON I WE LETTER 1240. ADDRESS 1 1 1 240. RECID BY REGISTRAR 240. APRISTRAY SIGNATURE
5M 2 57		invite 2 5 lens + 8 E - Will & DATE JUN 20 '58 Detech



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I yed. If institution regidence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (H out c LENGTH OF STAY IN 16 c. CITY OR TOWN (If pursue conforce limits, write RURAL and give nearest town). d. NAME OF HOSPITAL OR INSTITUTION (If not d STREET ADDRESS 3. NAMÉ OF Midde DATE DECEASED OF DEATH (Type or print) 1 CCa 5. SEX 6 COLOR OR RECE MARRIED [ NEVER MARRIED IL 8 DATE OF GE In years IF UNDER TYEAR out birthday! Months WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) FATHER S NAME WAS DECEASED S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANTA III yes, give wer or doles of service) 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), opd (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which ) gave rise to immediate cause DUE TO (a), stating the underlying covie lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 0 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Fort I or Fact II of Item 18) 20c. TIME OF INJURY Month, Doy, Year 20d IN.URY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. [City or town) factory, street, office bldg , etc.) Hour o. m. While Not while at work of work D m 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . apinion death resulted from: Natural causes 🔀 Accident 🔲 Suicide 🔲 Hamicide 🔲 Undetermined manner 🗍 ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (Gry, lown, or county) Lincoln Cemetery Prince Fort 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR The S. H. Hines Co. 2901 14th St. N.W.

INTERVAL BETWEEN ONSET AND LEATH PERFORMED? YES 🖂 NO S (County) (State) and in my **DATE SIGNED** Georges County, Md. 246\_AEGISTRAR'S SIGNATURE

e to FES DENGE ON A FASM YES NO A

Year

IF UNDER 24 HRS

Hours

1958

Min.

VS. ATSME SM 2/57



1	it.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
•	1	7187 CERTIFICATE OF	DEATH Reg. Dist. No.	
Page 4 director, led with			SIDENCE (Where deceased lived. If institutions Residence before admission)  DISTRICT  b. COUNTY  COLUMBIA	==
death.		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  PPER MARLBOAD   YEAR	R TOWN (If outside corporate limits, write RURAL and give nearest town)	_
by th		NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET	GRYANT ST. N.W. SRESIDENCE ON A FARM? YES [] NO []	
24 hou Hed in		CEASED	Lost 4. DATE Month Day Year OF DEATH JUNE 17 1955	=
within etely fi		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIR  ENALE NEGRO WIDOWED DIVORCED JUNE		<u>.                                    </u>
executed and compling papers death.	I	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHI	PEACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	177
e be on or corbo			R'S MAIDEN NAME OLLY RAGLAND	-
physici emove		AS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DOF UNKNOWN) (7 yes, give were or dodes of service)	H CATER-(SON) 4000 010 MI	14
anding ease thin 7:		S. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c) ]	INTERVAL BETWEEN	
the de the hen ple		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  /	ONSET AND DEATH	
s that d by the mit. T		Conditions, it ony, which (b) METASTATIC	CARCINOMA 12 MOS	5
n. signer sit per nd in c		gove rise to immediate couse (o), stating the under- lying couse lost.  DUE TO OF THE B LASI	DOER	_
physicial physic		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \bigcap \) NO \( \bigcap \)	
ending ficote h the bur		DO. ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED. (Enter noture in the contributing   Cause of Death Feither, notify medical examiner)	of injury in Port Lor Port II of item 18.)	
PHYSIC of or off his certi use as		CC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while foctory, street, offi	Y [Mome, Form, 20f (City or lawn] (County) (Stale)	ī
ApinG hospite Affer the Af		1. I certify that I attended the deceased fram OC. 7., 195. live an JUNE 12, 1958, and that death occurred a	That I was 12., 195 8that I last saw the decease at 12:00 From the causes and an the date stated above	ed
R ATTEN of by the RECEION Tor to bu	,	CTUAL Cheretter, Cade Les Dys. 390	ADDRESS (Street, city or lown, stote)  DATE SIGNE  OF ELM ST. UPPEN MARIE AD 6-7	
FAL O	- 1	HYSICIAN'S IAME (Type)		
HOSPI oy be r FUNER nge 3 s	0	IURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, lown or county) (Stote)  Akron, Ohio	
5 5 g =		MERALDIRECTOR'S STOCKATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	_
VS A15 (4) 15M 9/55	/	Shulffewarh 30 H Street, N.E.	DATE JUN 1 9 '58 College Seriel	=
	-	-+0		



CERTIFICATE OF DEATH Reg. Dist. No director I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) · COUNTY Fled Prince George's b. COUNTY MARYLAND Prince Georges Marvland erol c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b ě RURAL and give nearest town? College Park, Md. Hvattsville 11d d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE Ux ON A FARM? 3503 Metzrott Road YES TO NO IX Wyattewille Mursing Home 2 NAME OF First Middle 4. DATE Month DECEASED HARVY NELSON (Type or print) CAVILEER DEATH 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGB (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Doys Months Min Hours Dec 7, 1871 male white DIVORCED [] WIDOWED IX camplet 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Carpenter Construction Virginia d uoq USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician D Peter Cavileer Unknown 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. Address Gilbert Cavileer College Park, Md. othending no 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO ģ Conditions, if ony, which gove rise to immediate rabrolici Cerdio - Va **DUE TO** couse (o), sloting the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY O PERFORMED? YES | NO | 206 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or lown) Doy, Year (Stote) (County) Hour foctory, street, office bldg., etc.) g, m While Not while at work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred M, fram the causes and on the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE prior FUNERAL F PHYSICIAN'S NAME (Type) 22c STAME OF CEMETERY OR EREMATORY 220 BURIAL CREMATION, DATE THEREOF 22d. LOCATION (City town as county) (State) ADDRESS 24a. REC'D DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. that the RAL DIRE 0

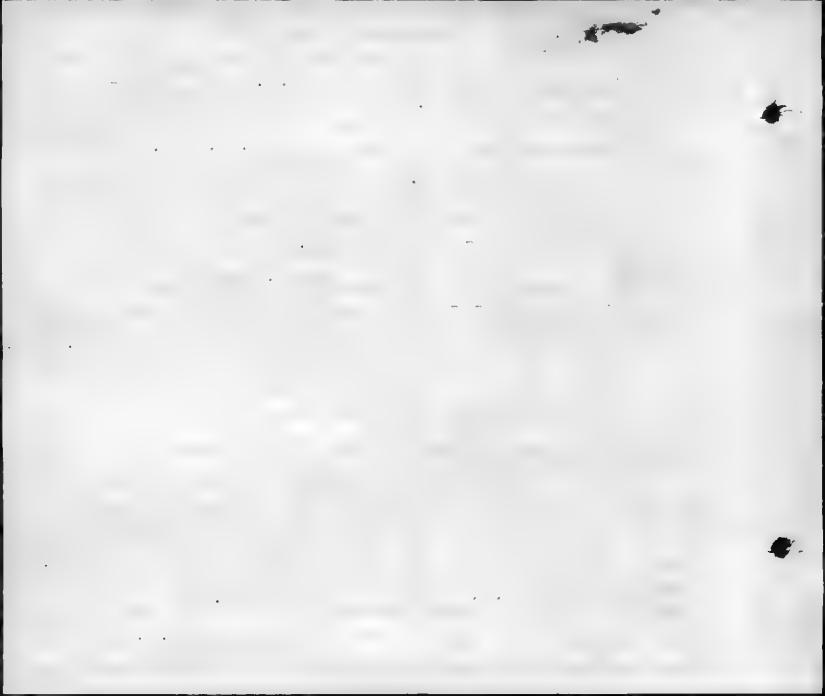
15M 9/55



DATE

HOSPITAL

15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07121 **CERTIFICATE OF DEATH** Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where degrased fived. If institution Residence before admission) Prince is there is o. COUNTY Filed **b.** COUNTY MARYLAND Prince Ceorge's eral b. CITY OR TOWN (If outside corporate limits, write p. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If a side corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fairmount Heights d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 50 YES [ NO 🔀 NAME OF Middle 4. DATE Month Year Filled DECEASED (Type or print) DEATH 194 AGE (In Fears last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely Months Doys Hours Min. WIDOWED A DIVORCED [ papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) gug corbon 13 FATHER'S NAME after 14. MOTHER'S WANDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Routwell (If yes, give wor or dates of service) attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 410% DUE TO permit. Conditions, if ony, which (b) Bued gove rise to immediate **DUE TO** alseane Milial Researce. coese (a), stating the underlying cause lost. physician. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY burial-fr PERFORMED? YES NO I attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) P factory, street, office bldg., etc.) 6. m. While Not while of work of work 21. I certify that I ottended the deceased from 192 \_\_fhot I last saw the deceased alive on and that death occurred at M, from the couses and on the date stated obove. ADDRESS (Street, city or town, state) o FUNERAL DIRECT
Dage 3 should be control to ACTUAL 07-0-21-1100prior SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 246/ REGISTRAR'S SIGNATURE

within 24 hours after death.

certificate be executed

death

O HOSPITAL OR

VS A15 (4) 15M 9/55



Delaware.

246 REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

	7190 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
	PLACE OF DEATH OCCUPATY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. STATE b. COUNTY Anne Arundel
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Ritchie 6 Mos.	Edgewater
	or INSTITUTION 6808 Ritchia-Marlbaro Road. S.E. Wash. 28.D.C	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
ŀ	(Type or print) Gertrude G.	Clark DEATH June 23, 1958.
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	lost birthday)   March   D
-	Female White WIDOWED DIVORCED	Feb. 27, 1882 76 yo.
	المناف	chool Ohio U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Dr. Frank L. Gilbert	Kitturah Dawson
	(Yes, no or unknown) (If yes, give wor or dates of service)	Dudley L. Clark 7128 Marlboro Pike, S.
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a) storing the under-lying cause lost.  (b)  DUE TO  Lying cause lost.	roseuler Revaldiscores
	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	T - I	RED. (Enter nature of injury in Port I or Port II of item 18 )
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of twork of twork	PLACE OF INJURY (Home form, foctory, street, office bldg , etc.) 20f. (City or lown) (County) (Stole)
	ACTUAL O B	th accurred at 9 5 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  M.D. Forestville, Maryland, 6/23/58.
	PHYSITIAN'S Jemes I. Boyd, M.D.	
	PEMOVAL (Specify) BUT181  226. DATE THEREOF COMMETERY COMMETTER  226. NAME OF CEMETERY  226. NAME OF CEMETERY  226. NAME OF CEMETERY	

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Upper
Ritchie Bros. Funeral Home-Marlboro, Md. DATE JUL 1

TO FUNERAL DIRECTORSE 2 Should be of TO HOSPITAL VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

tral director, be filed with

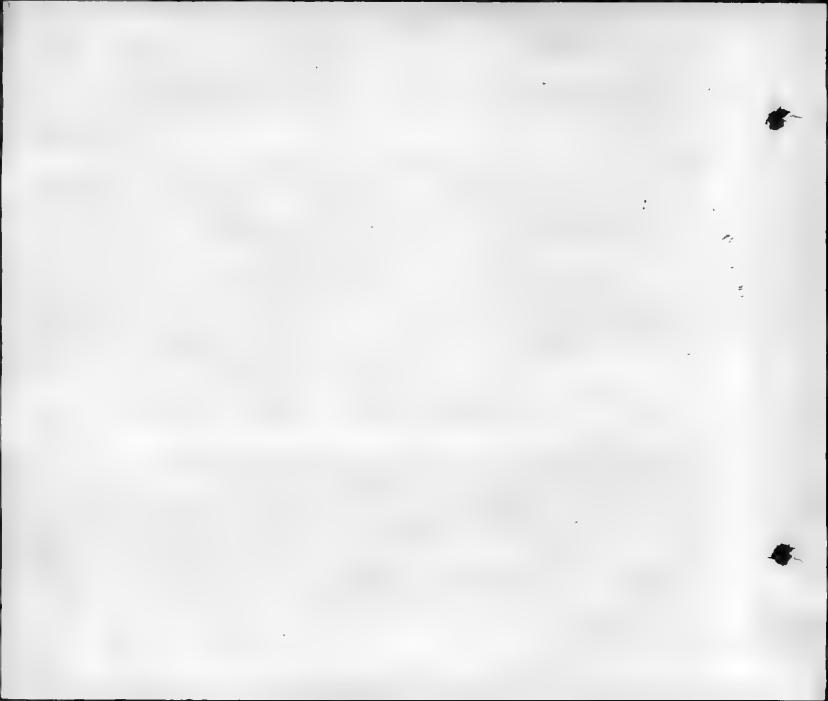
requires that the death certificate be executed within 24 hours after

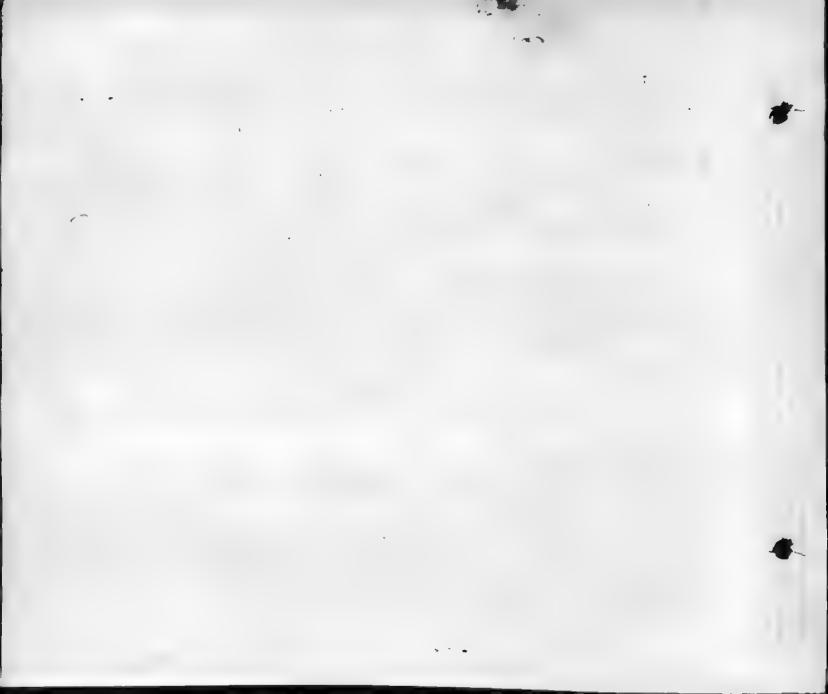
attending physician and campletely filled in please remove carbon papers. Pages 1 of within 72 hours after death.

burial-transit

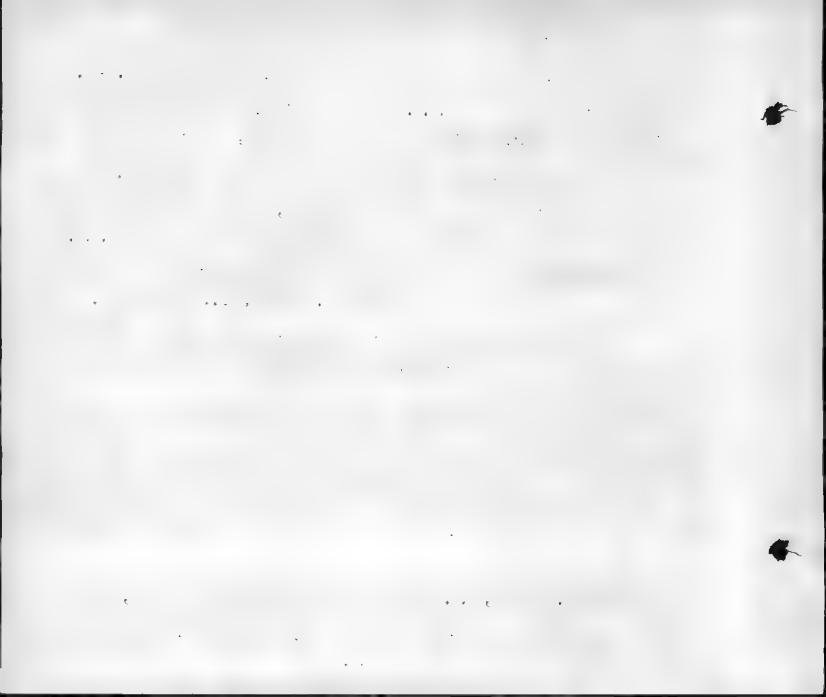


		MARYI	AND STA	TE DEPARTM	ENT OF HEALTI	1—BALTIMOR	E, 18	
		7130		CERTIFIC	ATE OF DEATI	Н	Reg. Dist.	ND7123
1	PLACE OF DEATH	rte Geor	905	MARYLAND	2. USUAL RESIDENCE (W	/ h-cc	DUNTY	before admission)  Carry 6
	RURAL and give	. 7	90	GTH OF STAY IN 16	- Mucrds	autside carporate limits,	write RURAL and give	nearest flown)
	OR INSTITUTION		ive street address)	0/1/1	1 d STREET ADDRESS 60-16 Must	ongina.	,	e. IS RESIDENCE ON A FARM? YES NO.
3	NAME OF DECEASED (Type or print)	John	st R	Middle MEG	(1/2 x K+	4. DATE OF DEATH	Month .	Doy Year 2 / 195 2
	SEX /	4 COLOR OR RACE	WIDOWED	DIVORCED	8 DATE OF BIRTH	9. AGE fin	hday) Manths Da	
Z	- during most of wo	ION (Give kind of work of rking life, even if retired -/ /	dane 10b, KIND O	F BUSINESS OR INEC	maryla	wel	12 CITIZE	S WHAT COUNTR
	Eu fes	King C/	arke		14. MOTHER'S MAIDEN	rame rely luc		
	. WAS DECEASED EV	ER IN U. 5 /ARMED FOR	CES? 16. SOCIAL	21	as. Clarkie.	6026 Mu	Address Stawe Dr	Riverdal
		ATH {Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (o		es 7/1/-1	Heart Fai	lur-e	1	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if	DUE TO	Corre	bral Tt	nrambasis			900000
	gave rise to couse (a), stating lying cause last	The under- DUE TO	Witness	tensive	Cardie vas	enlar D.	2 5635	
2			DITIONS CONTRIB	SUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(	(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
		AS UNDERLYING A G A CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of dem	18)	
4	20c. TIME OF INJU Haur a m. p. m	RY Manth, Day, Yes 19		al while fo	ACE OF INJURY (Home, farr actory, street, affice bldg., etc	n, 20f (City or town)	(Cav	inty) (State
		hat Lattended the	deceased fro	. "/	occurred of 4	. 1 /		st saw the deceas
	ACTUAL SIGNATURE	- 1 m 1/1	tein	لى. د	4.7.4.	ADDRESS (Street, city as		DATE SIGN
Town .	BUVEICIAN'S	185 M. Hu	tehins		14/2/4	svill+,	Ust.	
2	BURIAL, GREWATT	ON, 226 DATE THEREO	145 ft 1	NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City.	town, or county)	(State)
2	FUNERAL DIRECTO	R'S SIGNATURE	tion	DORESS 13/-	7 24 8 240 REC	D BY REGISTRAR 246	REGISTRAR'S SIGN	ATURE
E		7.1		3,00		·		





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 17125MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY iles. ealth, o STATE b. COUNTY Maryland Pr. Geo. Prince Georges MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) Mitchellville Cheverly D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) STREET ADDRESS . IS PESIDET E ON A FARM Route 2, Box 139 Prince Georges General Hospital YES NO 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Edward Coleman June James DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE in years IF JNDER TYPAR IF UNDER 24 HRS last birthdays Months Days Hours WIDOWED | DIVORCED | colored 1889 69 yrs. March and d 2 m 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BJSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland ile pages 1 a event within 2 Farmer Farming form PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Shephard James Coleman Hester 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address James E. Coleman, Jr., Same address. 18 CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c), ] long INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure her's Office ale burial-transit IMMEDIATE CAUSE (a) LL 4 of X DUE TO Cardiovascular renal disease Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 12. WAS AUTOPSY PERFORMED? NO B 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING □ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part 11 of Hem 18.) CAUSE OF DEATH. 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f, (City or lown) (County) (State) factory, street, office bldg., etc.) Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from. Natural causes 🔂 Accident 🗍 Suicide . Hamicide . Undetermined monner DIRECT ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** June 12, 1958 John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 720 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Mt. Nebo Cemetery Burial 70 Geo. County, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAN'S SIGNATURE VS A15ME 30 H Street, N.E. 5M 2/57 DATE





fited

9

papers.

carbon ofter de

emave

ond

d by mit.

gned

DIREC

FUNERAL

O

VS A15 (4)

should be stror prior

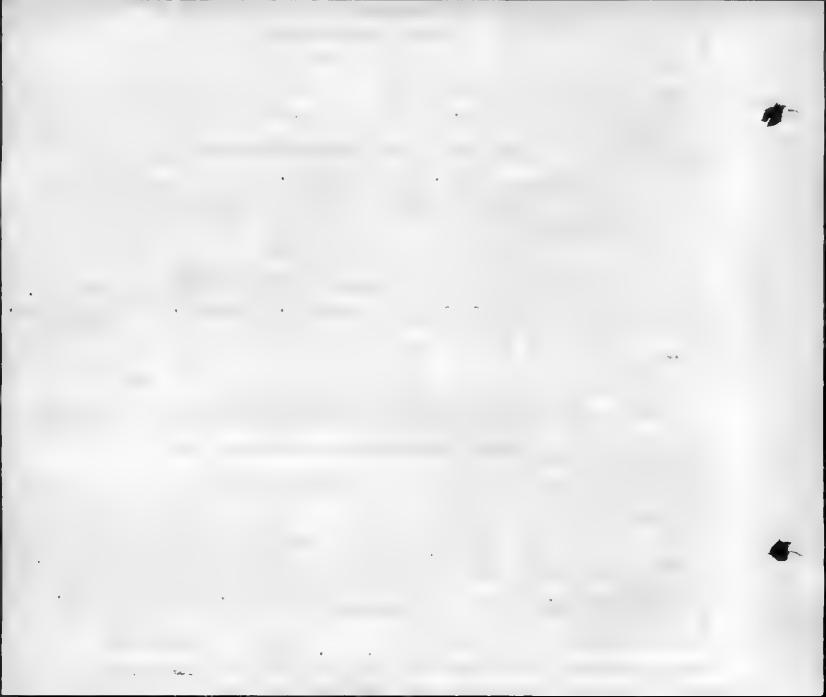
3

Poge

Peri

death.

Ö



# FOR STATE HEALTH DEPT.

214

570

I

16

2

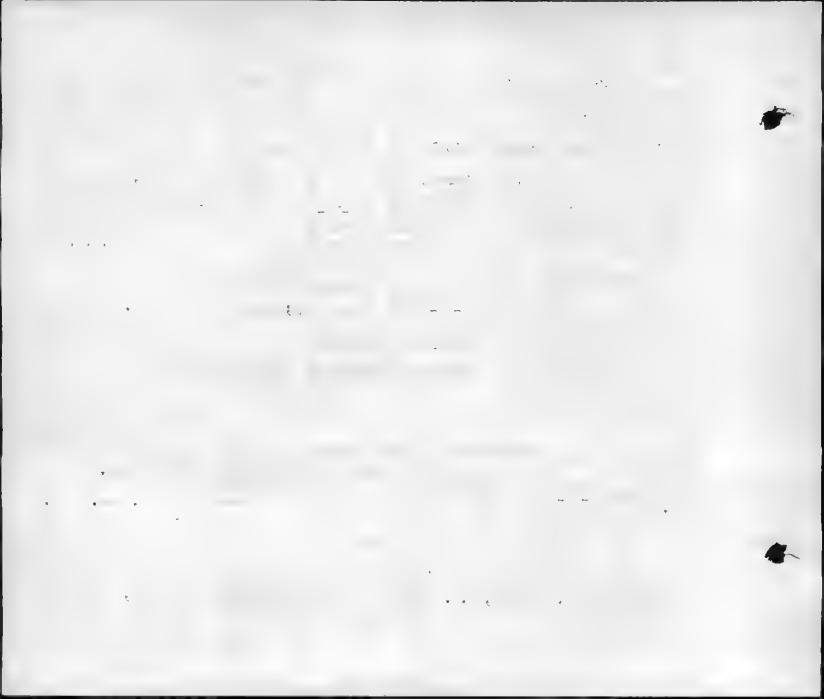
Files. Flesh,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07128

• + 9 / 4			Keg. 1	UIST. NO.
1 PLACE OF DEATH		- 4	ere deceased lived. It institution Resid	dence before admission)
Prince Georges	MARYLAND	o. STATE Maryla	ind b. COUNTY	
b. CITY OR TOWN (If outside corporale limits, write RURA) C LE	ENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carparate limits, write RURAL or	nd give nearest town)
Cheverly		B, lts	more	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito),	g ve street address)	d STREET ADDRESS		e IS RESIDENCE
Prince Georges General Hosp;	ital	6715 Gary	Avenue	YES NO
3. NAME OF First DECEASED	Middle	Lost 4		Day Year
	arrion Day		DEATH June 15,	1958
5. SEX 6 COLOR OR RACE 7 MARRIED TO	NEVER MARRIED . 8	DATE OF BIRTH		R TYEAR IF UNDER 24 HISS
Male white WIDOWED	DIVORCED	8-19-40	17 yrs. Months	Doys Haurs Min
100. USUAL OCCUPATION (Give kind of work done 10b KIND C	OF BUSINESS OR INDUSTE	RY 11 BIRTHPLACE (State of	foreign country) 12. Cc	TIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Stock clerk  Rub	ber Hose	Maryland		U.S.A.
13 FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	-
Gordon Warfield Bay		Catheri	ine Zellers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17 IN	FORMANT	Address	
[Yes, no, or unknown] [If yes, give war or dotes of service]	-36-1395 G	ordon Day: sa	me address as #2.	
18 CAUSE OF DEATH [Enter only one couse per line for (a)	, (b), and (c) ]		Walter State of the State of th	NYERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	morrhage and	i shock		ONSET AND DEATH
1/ V DUE TO			P-C -00	
Condition it was marked Got	mpound, commi	inuted fractur	re of skull	
gave rise to immediate cause				
(a), stoting the underlying DUE TO				
(1)	UTING TO DEATH BUT N	OT RELATED TO THE YERMIN	ALDISEASE CONDITION GIVEN IN PA	OT MAN ANTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIB	to the described material design		TENTANCE CONTROL OF STATE STAT	PERFORMED?
200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW PRIMARY BLOT CONTRIBUTING D	INJURY OCCURRED (E	nter nature of injury in Part F	or Port fl of item 18 )	•
	r in an auto	omobile in col	llision with anoth	er.
		E OF INJURY (Home, form, street, office bldg., etc.)	20f (City or town) (Ce	ovnty) (Stotu)
Hour Jam. 6-14-58 19 While of work	Not white of facto H	ighway	Cheverly Pr.	Geo. Md.
21. I certify that I took charge of the rema	ins described abar	ve, held an Autapsy	, Inspection DL Inqui	ry Kat and in my
opinion death resulted from: Natural cause	s . Accident 5	Suicide , Ho	omicide . Undetermined	monner
01			_	_
SIGNATURE LOWN D. Wale	MEN	M.D. CHIEF MEDICAL EXAL	MINER []	DATE SIGNED
103200	1	ASSISTANT MEDICAL	EXAMINER 🗌	
NAME (Type) John T. Maloney, M.	D. V	DEPUTY MEDICAL EX	AMINERES June 15,	1958
	NAME OF CEMETERY OR	CREMATORY 7	2d LOCATION (City, town, or county)	(State)
Burial June 19, 1958	Oak Lawn Ce	meterv	Colgate, Md.	
23 FUNERAL DIRECTOR'S S. GNATURE	ADDRESS	24o. REC'D	BY REGISTRAR 2/6 REGISTRAR'S SI	GNATORE
Ullrich Funeral Home 2112 Du	ndalk Ave.	DATE	# 8 58 ( Beles	uch

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral discrete the should be fore the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boat or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VS. A15ME 5M 2 57





## FOR STATE HEALTH DEPT.

files. ary, please

N.

TO DEPUTY MEDICAL EXAMINER: This certificate shaeld be executed within 24 hours after death. If any Belay is necess execute the cert (24, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the functal direct should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremotion, or remayal, and in any event within 22 hours after death.

VS A15ME BM 2 '57

#### 07130 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH  O. COUNTY  O. STATE  D. COUNTY  D. COUN
	b. CITY OR TOWN (I outside corporate limit) write RURAL of c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate 1 mits, write RURAL and give neared town)
	d. NAME OF HOSPITAL OR INSTITUTION (4 not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
	Vinnel George General Heyers 4/33 Horres Ceronicis No.
	3. NAME OF DECEASED (Type or print) Claro man helle Death Sure 15 195
1	SEX 6 COLOR OR RACE 7 MARRIED 1 SEVER MARRIED 1 8 DATE OF BIRTH 9 GE 1 pours land index) IF UNDER 1YEAR IF UNDER 24 HI
	10a USWAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE Globe or foreign county)  12. CITIZEN OF WHAT COUNT during most of working life, even if etired)
	13. FATHER'S NAME
	Track Feather mes and Hamming
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT A Address [18, no. or drigons] 1 (If yes, give not or doles of service)  Address
	Nove Walter Villes some as #2
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July on or entralian
	904.0 DUE TO 4
	gove rise to immediate cause (b) + 14 Clure of left for the course
	(o), stating the underlying DUE TO course last.
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS
	PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY BOS CONTRIBUTING   CAUSE OF DEATH.  200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of I am 181)  The state of t
	20c. TIME OF INJURY Month, Doy, Year 20d IN.URY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (fthy or town) (Coenty) (State Mour a.m. While Not while lactory, yreet, office bldg., etc.)
	p, m 3 193 C ot work of Advance Statelland by
	21. I certify that took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in more opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
	Topinion death resolved main: National causes [], Accident 2, Solicide [], Indinicide [], Oriderentimed mainter
	ACTUAL SIGNATURE DATE SIGNED
	EXAMINER'S TO ASSISTANT MEDICAL EXAMINER
	NAME (Type) LAMES 1. 1) 01/d DEPUTY MEDICAL EXAMINER DE DOM 13,1964
	220. BUR AL (EXERTATION 226 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 220 LOCATION (City, Town, or county) (Store)  REMOVAL (Specify) 6/16/1958 Colom File  Suitland, Monfaul
	22-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	Janus T. Ryan. Dne. get. 317 to. Ave., S. E DATE JUN 1 6 '58 (000 edu-



07131

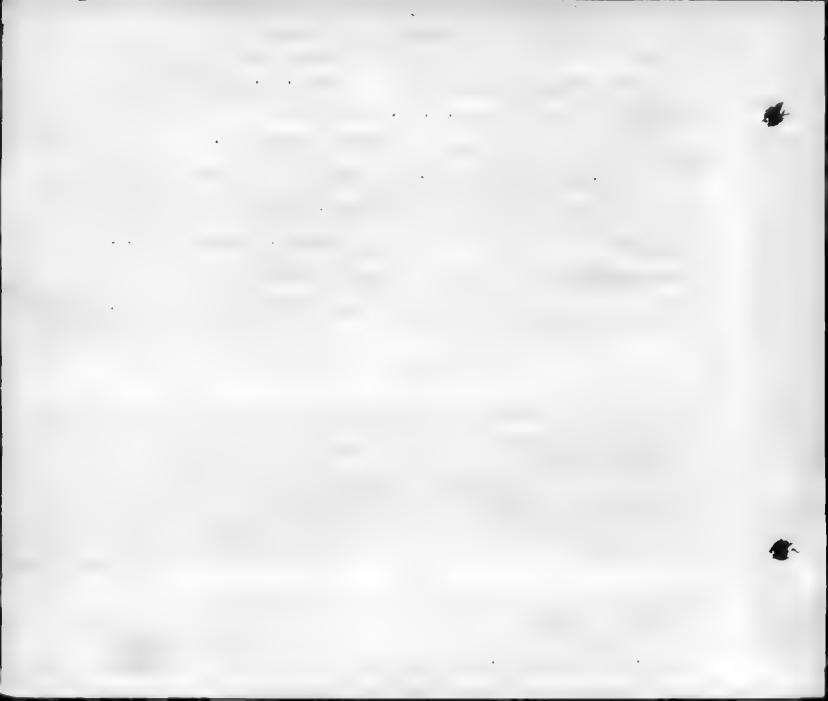
7113 CERTIFICATE OF DEATH

	• * * * * * * * * * * * * * * * * * * *	GERTH	ICAIL OF DEATH	, u	Reg. Dist. No.
PLACE OF DEATH			2. USUAL RESIDENCE (W		tians Residence before admission)
	George	MARYLA	Baltimore	Md.	*
b CITY OR TOWN (If	outside corporate limits, wri	ite c. LENGTH OF STAY IN			RURAL and give nearest town)
RURAL and give nea	•	I ma 2 mile	D-1+imom		1
vattsville,	I. (If not in hospital, give st	reet address)	d STREET ADDRESS		IS RESIDENCE
OR INSTITUTION	Heart Home	· ·	606 Springf:	ield Ave.	ON A FARM? YES NO IN
				T	
NAME OF DECEASED	First	Middle &	last	OF	inth Day Year
	rs. Elizabeth		Doehler	DEATH June	30 19 58
SEX		MARRIED NEVER MARRIED	-	9. AGE (In years tast birthday)	Months Days Haurs Min.
Female	WALL OU	OWED DIVORCED	- var, v, mor		3 4
<ul> <li>USUAL OCCUPATION during most of working</li> </ul>	N (Give kind of work dane) ng life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife			Baltimor	e, Maryland	U.S.
FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
John Engel	hardt		Anna Yeak	el	
WAS DECEASED EVER	IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFORMANT		dress
NO (III	f yes, give war or dates of service)	None	Sister Hyacin	th. Sacred Hea	rt Home, Hvattsvil
IR CAUSE OF DEAT	M. [Fater anly one course of	per line for (a), (b), and (c)	010001 1130011	0111 Davi 04	
	LI WAS CALLECT BY				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Pneumonia.	lobar, both l	ungs	12days
	DUE TO				
Canditions, if on	y, which } (b)				
gave rise to im	mediate Dus TO				
cause (a), stating the lying cause last.	ne under-				
	FR SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION OF	IVEN IN PART 1(a) 19 WAS AUTOPSY
7	a dictal contains	TIO LEGITIMO TO DE TO		ATTAC CONTRACTOR	PERFORMED?
70 1001001711111		DECORE HOLIC LANDY OF	CLIBBER OF A STATE OF A	0-240-41	YES NO
20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	DE2CKIRE HOAA INJUKT OCC	CURRED. (Enter nature of injury in	rati i ar rati (i at item 10.)	
20c, TIME OF INJURY Have o. m. p. m.			ive. PLACE OF INJURY (Hame, farr factory, street, affice bldg., ele	n, [20f (City or town)	(County) (State)
p. m.		/hite Nat while wark at work	,		
21 Leastifu the	at Lattended the doc	anned from Floh	6 10 E8 to T	TI∞#30 10 f	Sthat I last saw the decease
190					
alive onJU	4	d, and that a	rearn occurred at 1		and an the date stated abov
ACTUAL T		1(1,11)	2101	APDRESS (Street, city or town	, vidie) DATE SIGNI
SIGNATURE_	mura	7 Wellen	o MD. SANK	COLNE	6/30/
PHYSICIAN'S		•	1	D ff -	200
NAME (Type)	Thomas F Co	ollins	_ wa	Kunglon	
BURIAL CREMATION	1, 22b DATE THEREOF	22c. NAME OF CEMET		22d LOCATION (City, fawn,	
BUTTLETT	7/3/58	Holy Red	eener Cemeter	Baltimore.	. Maryland
FUNERAL DIRECTOR'S	SIGNATURE	ADORESS			ISTRAR'S SIGNATURE
		E. Baltimon		L 3 58 UU	neruch
CILLLE SID SIL			LO MILLOCULOATE "		

TO HUBITAL DIRECT ATTENDING THYS TIAN: The low requires that the death certificate be executed within 21 hillurs after death. Tollie the may be retained by the haspital or ottending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the certificate has been signed by the ottending physician and completely filled in by the certificate has been signed by the ottending physician and completely filled in by the certain discussion or semanal, and in one event within 72 hours ofter death. VS A1S (4) 15M 9/55

M



7	7134	LKIII ICAIL O	DEATH	Reg. Dist.	No.
	1. PLACE OF DEATH o. COUNTY	2. USUAL o. STA		lived. If institution: Residence	before admission)
	Paince Greorge Count	GMARYLAND 7	Taryland	b. COUNTY PR. G	eorge
	b. CITY OR TOWN (If outside corporate limits, write   c LENGTH   RURAL and give nearest lown)	OF STAY IN 16 C. CITY	OR TOWN IF outside corpo	rote limits, write RURAL and giv	e nearest town)
	Oxon Hill (Rura) 17 y	us OX	on 1+,11	(Kural)	
	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STR	REET ADDRESS	C	e. IS RESIDENCE ON A FARM?
	6145 TRINE CACORDE	RIVES, UT 6		Greonge DRIVE	
	3. NAME OF DECEASED	Middle	Lost 4. DATE OF	Month	Day Yeor
	(Type or print) Nande LRen	2 Vomald	SOR DEATH	June 2	EAR IF UNDER 24 HRS
	1 1.1.1	R MARRIED   8 DATE OF	2 1001	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Dys Hours Min.
	10g USUAL OCCUPATION (Give Aind of work done 10b KIND OF BU	SINESS OR INDUSTRY 11 BI			EN OF WHAT COUNTRY?
	during mostyol working life, even if retired)	1014 4	crton 1	10. U.	54
	13 FATHER'S NAME	14. MOT	HER'S MAIDEN NAME		
	FRANK. C. Clark	Ma	Rietta [	Burdett	2
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECU [Yes, no or unknown) [If yes, give wer of dutys of service)	1	21 1.	Address 7777	Rosaby H
1	NO NO 519-2	77/50	11 ma Nooc	lict fail	2Chraft 11
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY:				INTERVAL BETWEEN
	IMMEDIATE CAUSE (6)	mia			140045
	DUE TO AREER	o-Sulero	TiL HEART	DISTASE	) n mas
	(D)	tes Mell			22
	luing same last	and Thro	1		2 mily
				CONDITION GIVEN IN PART 1	(o) 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Diabetic	7 .1	nacts		PERFORMED?
		NJURY OCCURRED (Enler no	ture of injury in Port I or Par	II of item 18 )	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU Hour o. m.  g. m.  19  While Not with of work of work	fundament stands	URY (Home, form, 20f (City office bldg., etc.)	or town) (Cou	inty) (State)
	Flour o. m.  p. m.  19 While Not who of work of work				
	21. I certify that I attended the deceased fram	Lyst 19	55 to 6-2	19.5 Sthat I la	st saw the deceased
	alive on <u>Lo - L'/</u> , 19.5 8, , ar	nd that death accurred		the causes and an the	date stated above.
	ACTUAL OF THE	00 -	ADDRESS (SI	reet, city or town, state)	DATE SIGNED
	SIGNATURE (Inne (nyne 103	M.D	319 DROB	aviewka	315 128/5
	PHYSICIAN'S A h na C & Vne T	OPP	DC:2	2	*******************
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME	OF CEMETERY OR CREMATO	PR 22d LOCA	ION (City Town, or county)	(Stole)
	Burial 1-1-1958	lenever	W	cah, D	X.
	23 EUNERAL DIRECTOR'S SIGNATURE ADDRES	s 131-11-11	240. REC'D BY REGIST	RAR 246 REGISTRAR'S SIGN	ATURE
	young 1 raungly	Mahil	DATE DOTO 3	CONTINUE COL	- ~

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the first page 3 shauld be actioched for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, at remayal, and in any event within 72 haurs offer death.

Fral director, be-filed with

器

VS A1S (4) 15M 9/55



22c NAME OF CEMETERY OF CREMATOR

ADDRESS

65772

ined b should സ

deoth

VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

220 BUR AL, CREMATION, 226. DATE THEREOF

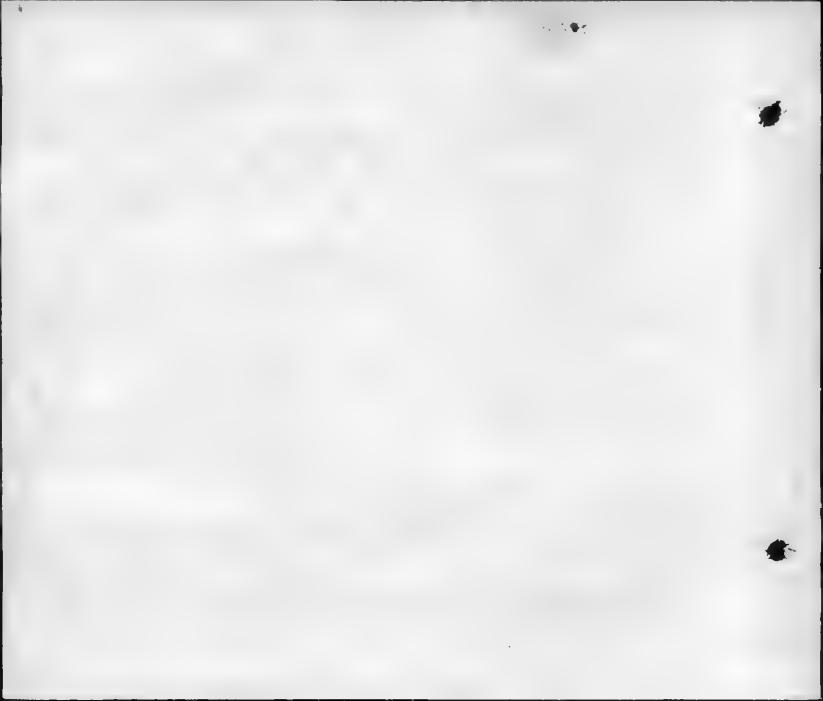
23 FUNERAL DIRECTOR'S SIGNATURE

JUN 1 6

24o. REC'D BY REGISTRAR

Maclinsture

24b REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57

- Con	2	
1	3	
L	State of the last	

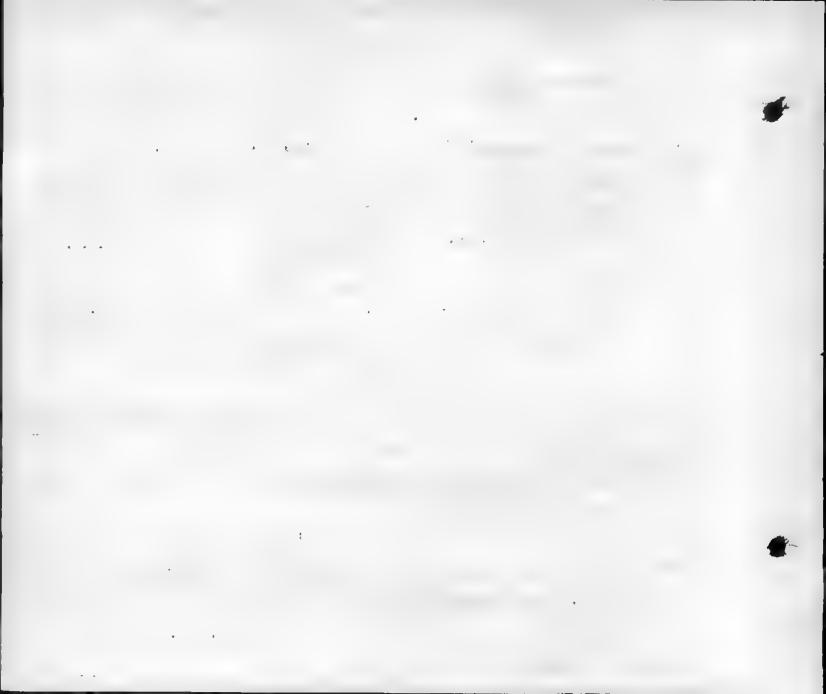
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7134

**CERTIFICATE OF DEATH** 

Per Diet No

07135

								HEN DIEL.	10.
1 PLACE OF DEATH 0 COUNTY	Prince Georg	<b>208</b>	MARYLA	- 11	USUAL RESIDENCE (W	_	b. COUNTY	Prince	efare admission) Georges
RURAL and give	N (If outside corporate lime nearest tawn)		LENGTH OF STAY IN	16	Hvattsv				
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in hospital, s	jive street odd	lress)	1	d. STREET ADDRESS		5013 54t	h. Ave.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Jacob		Middle	Eu	losi rioh	4. DATE OF DEATH	Mo		Day Yeor
. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	<u> </u>	TE OF BIRTH		9. AGE (In years last birthday) 79 yrs	Months Day	AR IF UNDER 24 H
O USUAL OCCUPA	ATION (Give kind of work	done 10b. Kil	the state of the s	100		or foreign	1	12 CITIZEN	OF WHAT COUN
during most of v	varking life, even if retired	) [	etired		German	ny			J.S.A.
. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
	Eurich				Unkno	own			
S WAS DECEASED! Yes, no. or unknown; NO	[If yes, give wor or dates of	ervice)	CIAL SECURITY NO. 1	17. INFOR	mant rs. Ernest:	ine Ga			yattsvill th. Ave
gave rise to cause (a), stati lying cause to	ng the <u>under-</u> st.	)		to to			150050		III WAS ALVON
PART II (	OTHER SIGNIFICANT CON	IDTITIONS CON	TIKIBUTING TO DEATH	1 801 NOI	KETATED TO THE TERM	MINAL DISEA	SE CONDITION GI	VEN IN PART 1(o	PERFORMED?
OR CONTRIBUTE	WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	URRED (Er	ter nature of injury in	Part I or Pa	rt II of item 18 )		
20c. TIME OF IN	10	While	RY OCCURRED 20 Not while at work	PLACE ( factory,	OF INJURY (Home, form street, affice bldg., etc	m, 20f (Cit	y or town)	(Caun	ity) (Sto
21. I certify alive an	that I attended the	deceased 19.5 2	from Valle,	eath acc	. 19. 52, to 1/2 urred a 12 :20	_PM, fra	m the causes	and an the	date stated ab
ACTUAL	harles C	Ha	geoge	M.D.	3308 Te	hry s	Street, city ar town, St. 1956	Sultiser,!	7d. 6/19
PHYSICIAN'S NAME (Type)	Dr. Char	les Has	268.76						
20. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREC	OF 2	2c NAME OF CEMETE				TION (City, town,	or county)	(State)
Entombmer  B. FUNERAL DIRECTO		1.5	Parkwood  ADDRESS	I Gem		DELL	to., Md.	ISTRAR'S SIGNA	TURE
Jana	has Tun'l	from !	In 74NF	Selvi.		UN 2 4		. coul	6



VS A15 (4) 15M 10/57

4	2
.1	1
1	/

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7135

**CERTIFICATE OF DEATH** 

Dam Dies Ale

07136

					Keg. Dis	T, ITO,
1. PLACE OF DEATH			2 USUAL RESIDENCE (M	here deceased lived	If institution: Residence	e before admission)
Prince Geo	rge	MARYLAND	Maryland		COUNTY	ince George
	outside corporate limits, write	c. LENGTH OF STAY IN 16			ts, write RURAL and gi	
Cheverly		10 Days	Lanham			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince G	eorge General	Hospital	7604 Fin	s Lane		YES NO
3 NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF	Month	Day Yeor
	Catherine L		T	DEATH	June 18	19 58
5. SEX	6. COLOR OR RACE 7 MARE		8. DATE OF BIRTH	lost t	oirthday) Months (	YEAR IF UNDER 24 HRS
Female	White WIDOW		11-13-07	70		
during most of working	ng life even if retired	Similar Business ok ind	7 rass	or foreign country)	3-91	S. A.
13. FATHER'S NAME	2/	<u></u>	14 MOTHER'S MAIDEN	NAME V		
Enge	ni Ha	man	Eller	L	rano	_
15, WAS DECEASED EVER	IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT	63	Address C	bone
no	.4		nary C.	Evers	olo	-
	H [Enter anly one couse per le	ne far (a), (b), and (c) ]				INTERVAL BETWEEN
PART 1. DEAT	H WAS CAUSED BY:	Aremia				ONSET AND DEATH
260x	DUE TO	1	0 -	100		Average.
		hophrace	Uprasia -	D. allota		7 1011
Conditions, if on gove rise to im	mediote	1 Egunt on	xworce -	ragen	-	11100.
couse (a), stating the lying couse last.		Drabetes	Mellitus	,		
PAIT II OTHE	R SIGNIFICANT CONDITIONS	CONTR BUTING TO DEATH BE	T NOT RELATED TO THE TERM	AINAL DISEASE COND	TION GIVEN IN PART	1(a) 19 WAS AUTOPSY
5 .	INE	STINAL	OBSTRVO	CTION		PERFORMED?
PAIT II OTHE	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in	Part I or Part II of ite	m 18.)	
		NURY OCCURRED 20e I	DACE OF INITION (No. 1	Took serie		
20c. TIME OF INJURY Hour o. m.	While of wor	Nat while	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 1207. (City or town	) (Ce	ounty) (State)
21. I certify the	it   attended the deceas	ed from INM	F. 1957. ta	June	195 8 that I le	ast saw the decease
alive on	18 Um 19.4	-7.00-0	h occurred at 2:20	PM from the c	ouses and an th	asi sum the decease
	1 / 11/	A . I	ii occorred dezazo-	ADDRESS (Street_cipy	or fown state	DATE SIGNE
ACTUAL SIGNATURE	os of Max	any MD	M.D. 481	4-7158	ave.	18 JUNS
PHYSICIAN'S NAME (Type)	THOMAS	G. MALONE	Y MD. 4	ANDOVER	HILLS	MD.
220 BURIAL CREMATION REMOVAL (Specify)	226 DATE THEREOF	mt Olever	OR CREMATORY -	228 LOCATION (CI	y, town, or county)	(State)
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240 REC	D BY REGISTRAR	The REGISTRAR'S SIGN	NATURE
Malley a 7	uneral Hom	& na Raine	er Med BATELLI	N 2 0 58	Menedie	h
0	<sup>1</sup> 2n	~				
		Topics .				



80		dire	8	$\left( \right.$
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Po		To A	page 3 should be devached for use as the burial-transit permit. Then please remove carban papers Pages 3 and 2 arb effect	
r de	-	Ü		
afte		the	P.	1
2005		by by	2 P	
4 ho		i p	ō	
in 2		Fille	ges	
WIT.		tely	2	
led		nple	S S S S S S S S S S S S S S S S S S S	
xecu		00	bod	
9		puo	pou	•
ote E		cion	00	٠
ifice		hysi	no ve	
Cer		d St	ie.	-
eoth		ipua	eos	
je d		to o	Id us	•
ot to		the	H,	
s th		d 6	mit.	
quire		gne	, be	
- F	ian.	en s	insit	•
ő	hysic	s be	I-tro	•
The	g p	204	urio	
AN	ndir	icote	he h	
SICI	offe	ertif	os +	
PHY	5	is c	USe	,
9	spita	er =	far	
2	ou T	ASH	ched	
B			Jero	4
≪ ≪	q p	ZEC	pe o	,
10	aine	0	Ploc	
PITA	9 TE	ERA	sho!	
10s	y b	Z	ge	
0	E	0	DQ.	-
٧	S	A1:	5 (4	)
1	SN	110	3/5	1

		7136	CERTIFIC	ATE OF DEATI	H		Reg.	Dist. No	,
1 P	LACE OF DEATH			2. USUAL RESIDENCE (W	here deceased li-	red. If instituti		dence befo	ire admissian)
		ice George	MARYLAND	Maryla	nd	B COUNTT	Prin	ice G	eorge
ь	CITY OR TOWN ( RURAL and give n	If outside corporate limits earest lawn)	write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporati	limits, write f	URAL of	nd give ne	orest tawn)
	Chever	.Y	10 Days	15 W. Hyat	tsville				
d	OR INSTITUTION	FAL (If not in haspital, given	re street address)	d. STREET ADDRESS					e. IS RESIDENCE
	-	eorge Genera	1 Hospital	6218 20th	Avenue				YES NO
3 k	AME OF	First		Lost	4. DATE	Mai	nth .	De	у Үеог
	ECFASED Type ar print)	Patrici	a Marie	Flood	OF DEATH	.Tri	ne	7	7 1958
5. S	EX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years last birthday)		DER TYEAR	IF UNDER 24 H
	Female		WIDOWED DIVORCED	6-7-58		last birthday) yrs	Manth	Doys	Hours Mi
10a.	USUAL OCCUPATION	ON (Give kind of work de	ine 106. KIND OF BUSINESS OR INDI		ar foreign coun		12	CITIZEN C	OF WHAT COUN
	during most of war	king life, even if retired)				**			
13 1	ATHER'S NAME			Maryland	MAME			U.S	. A
	_		_	,					
75 1		Raymond	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	<u>Darrell</u>		ress		
(Yes,	no, or unknown)	(If yes, give wor or doles of ser	nce) 10. SOCIAL SECORITY NO.	lospital reco	rds Ch	everlj			
_	no								
		-	se per line for (a), (b), and (c).]	1	1 . 1 .			INT	ERVAL BETWEEN SET AND DEAT
	PARI I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a)_	Ceret un asurand	See See Levis	La Verle	5 J			
	100,0	DUE TO	-10	7 1' 11		1			
	Conditions, if a	ny, which ) (b).	6 tage to V de The	en eleni					
-1	gave rise to i cause (a), stating	mmediate (	01						
-	lying cause last.	(c).							
Z	PART II. OTI		ITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN P	ART 1(0)	9. WAS AUTOP
Ē١								- 1	PERFORMED
									YES O NO
E I	200 ACCIDENT WA	S UNDERLYING []	06. DESCRIBE HOW INJURY OCCURR	ED. /Enter nature of injury in	Part Lar Part II	of item 18.1			YES NO
CERTIFIC	200 ACCIDENT WA	CAUSE OF DEATH	06. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II	af item 18.)			YES NO
8	OR CONTRIBUTING	MEDICAL EXAMINER							
را بد	OR CONTRIBUTING	MEDICAL EXAMINER	20d. INJURY OCCURRED 20e. P	IED. (Enter nature of injury in PLACE OF INJURY (Hame, form actory, street, affice bldg., etc.	n, 20f. (City or			(County)	



7137

Reg. Dist. No.

07138

	1. PLACE OF DEATH 6. COUNTY Prince Georges				MARYL	AND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Maryland Prince George c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest taylo).						
	1	b. CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town)  Cheverly Md			c. LENGTH OF STAY I								
	d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Prince George's Gen. Hospital					Hall Md  d. STREET ADDRESS  e. IS RES DENCE ON A FARM? YES ™ NO □							
	3	NAME OF First			Middle								
	(Type or print) Roger		Roger		Lee		Gal ford		4. DATE OF DEATH	June	NOTIFIC TO SECURITION OF THE PERSON OF THE P	3.7	19 58
	S SEX 6. COLOR OR RACE 7. MARRI		RED NEVER MARRIED B		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR TO U					UNDER 24 HRS			
		Male	White	WIDOWE		_	May 9, 19	58		У	Months 7	Days H	laurs Min.
	10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retires	dane 10b. I	CIND OF BUSINESS OR	INDUST	ISTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY						
							Cheverly, Maryland U.S.A.						
F	13 FATHER'S NAME						14. MOTHER'S MAIDEN NAME						
•	/_	Merritt		Agnes Carpenter Hall, Md.									
		15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address  [Yes. no, or unknown] [If yes, give wor or doles of service]											
						M	other	На	all Mo				
			TH [Enter only one c TH WAS CAUSED BY, IMMEDIATE CAUSE (		e for fat. (b). and (c) ]	en	L h	u	me	ali			AL BETWEEN
		75/X DUE TO /											
	Conditions, if any, which) 161 Melmu Coccle.												
gove rise to immediate Couse (a), stoling the under-													
		lying couse lost. (c)											
	CATION												WAS AUTOPSY PERFORMED?
		340.	3										ES NO
		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item \$8.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c, TIME OF INJURY Haur a.m. p. m.	r Manth, Day, Ye	20d. IN White of work	Not while	loe. PLA	E OF INJURY (Hame try, street, affice bldg	g., elc.)	20f. (City	ar tawn)	(	(County)	(State)
		21. I certify that I attended the deceased from. May 9, 1958, to June 11, 1958, that I last saw the deceased											
		alive an June 11 19 58, and that death occurred at 7:30PM, from the causes and an the date stated above.											
		A.	9 11	//	inn					reet, city or taw		A	DATE SIGNED
1		SIGNATURE De Afra I Merselderen M.D. 2001 Coursely Com Lord 1											
		PHYSICIAN'S NAME (Type)	Bertha Van	Gilde	ron.H.D.		3001_Che	aver	nlaw A	The Che	nr ferenn	I'd.	June 13
	22a	BURIAL CREMATION	N, 22b. DATE THERE		22c. NAME OF CEMET	ERY OR				ION (City, low)			(State)
		REMOVAL (Specify)	6/12/5	8 /	Prince Ger	פסיונ	s General				_	Md.	, ,
	23.	FUNERAL DIRECTOR'S	SIGNATURE	7	ADDRESS				BY REGIST		GISTRĂRIS SI		
	Harry W. Pehr Jr. Administrator. DATE 1111 9 8 158 Olive Buch												

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by 15 haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be defached for mee as the burial-transit permit. Then please remave carbam pamers. Pages 1 and 2 shother registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 10/57

director,



**ADDRESS** 

Marvland

Upper Marlboro, REC'D BY REGISTRAR

DATE

JUN 2 0 '58

245. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Ritchie Bros. Funeral Home-

MEDICAL



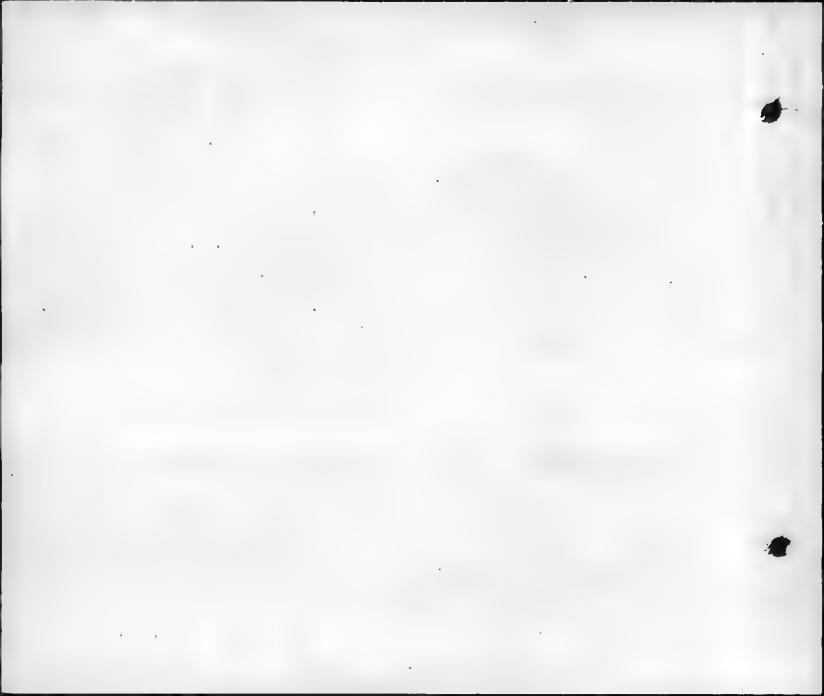
### **CERTIFICATE OF DEATH**

Reg. Dist. No.

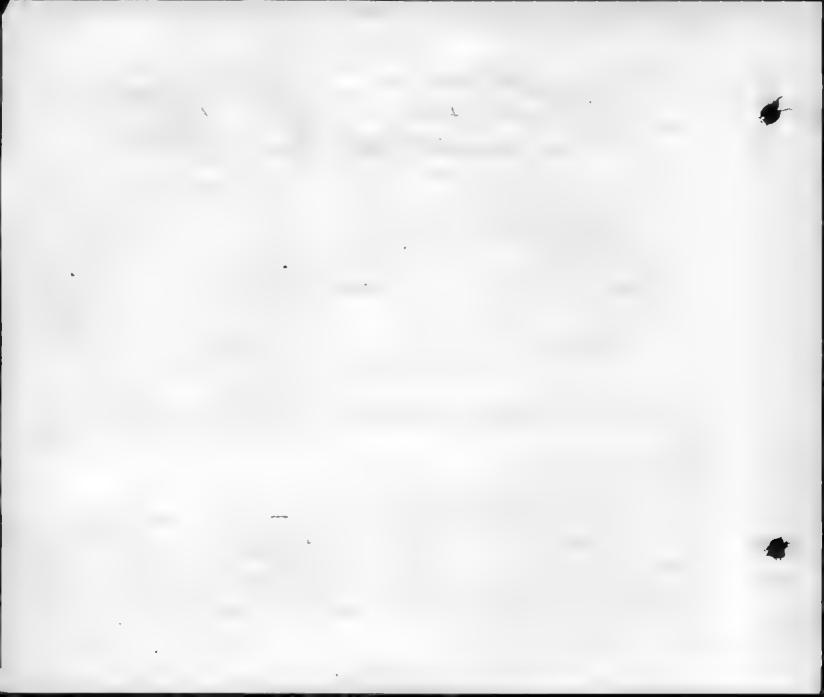
- 15					wag.	D111, 110.			
	Prince George's	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b COUNTY Prince Georges							
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly Md	STAY IN 16	c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  33 4203 53rd ave						
, [	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Bladensburg, Md.  e. IS RESIDENCE ON A FARM?							
-	Prince Georges General Hospital	<u> </u>	YES NO 2						
	NAME OF First A DECEASED (Type or print) William E.	Arddle Ga	lost LESON	4. DATE OF DEATH	June	29,	7°58-		
	s. SEX male 6 COLOR OR RACE 7. MARRIED NEVER A WIDOWED → DIV		uly 20, 188		E (In years IF UND birthday) Month yrs.		NDER 24 HRS		
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Washington Gas Com		USA  11. BIRTHPLACE (Stole or foreign country)  Washington D. C.  USA						
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Ш	Henry J. Gasson		Mary	E. Swann					
	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURIT (Yes no or unknown) (If yes, give wor or dates of service)		FORMANT	Neane	Address Silver S	prings,	Md.		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate  [Enter only one cause per line for (o), (b), on  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate	Jan	Live Heart o	anias"	cluster	INTERVAL ONSET A	BETWEEN NO DEATH		
	lying couse lost.			0					
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED?  YES NO.  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  72 DEATH OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED?  YES NO.								
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while of work of work	foch	CE OF INJURY (Home, farr ory_street, affice bldg., etc	n, 20f (City or low	n)	(County)	(State)		
	21. I certify that I attended the deceased from Dever 12, 1946 to Deve 27, 1938 that I last saw the deceased alive an Acres 27, 1958, and that death occurred at 7, 250 M, from the causes and on the date stated above								
,	ACTUAL BOSTON OWalkins		io. 630	ADDRESS (Street, ci	ty or town, stole)	121	DATE SIGNED		
19	PHYSICIAN'S NAME (Type) DAYTON OWAS	TC/N		notture	127-1				
Ĺ		Lincol	In Cemetery		Manor, Manor		Stote)		
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC	D BY REGISTRAR	24b REGISTRAR'S	SIGNATURE			
	F. Gasch's Sons Hvattsville	Mal		u n 158	10101	. /			

of director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be amounted within 28 Bours offer death. Page 4 may be retained by it haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57



1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	7141
1	7139 CERTIFICATE OF DEATH	(121
director,	1. PLACE OF DEATH  O. COUNTY  ALCO OF DEATH  O. STATE  D. COUNTY  ALCO OF DEATH  D. COUNTY  D. COUN	mission)
To an	b. CITY OR TOWN (If outside corporate limits, write c. LINGTH OF STAY IN 1b /c. CITY OR TOWN (If outside corporate limits, write turnal and give narrest to RURAL and give nearest town)	
n by the	Ilnce Gwys/Argatel 6412 Hoth live VES	RESIDENCE N A FARM?
filled i	3. NAME OF DECEASED: (Type or print) Glady's E. Middle Governs Day  Day  Day  Day  Day  Day  Day  Day	Yeor - E
npletely ers. Po	5. SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  FEMALE  WIDOWED DIVORCED VINE 17, 189-3  9. AGE (In years IF UNDER I YEAR IF UNDER I)  Months Days Hou  Hou ISHA OCCUPATION (Girls birth of work done) 10% (VIND OPPRIENNESS OF INDIVISION OF THE INDIVIDUAL OF THE IN	irs M+n
and con on pap r deoth	Relief of Warting the even if refired! U.S. Jost - Pawsowelle &	S.
sicion over corb	Felen Stone Coline H. Hoffman	1. M
ling phy se rema 72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO SOCIAL SECURITY NO 17. COMMANT (19 Jan. or wohnown) (11 Jan. give wor or doles of service) (12 Jan. or wohnown) (13 Jan. or wohnown) (14 Jan. or wohnown) (15 Jahrock dur	-4/D
en plea	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART f. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PERG bra   Vas CLUlar Peccicles	NO DEATH
signed by the	Conditions, if any, which gave rise to immediate cause (a), stating the under:  Lying cause last.  DUE TO  (b) Hypertensive Anterio-sclerofic Hispase  DUE TO  (c)	
physicianas been iol-transi	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W	AS AUTOPSY REORMED?
ificote if the built, or ren	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this cert r use os emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Not white ot work of work of work 19 of work 19 Not white Not white of work 19 of work 19 Not work 19 Not white Not white Not white Not white Not work 19 No	(Stote)
After After sched fo wriat, cr	21. I certify that I attended the deceosed from Oct. 10, 1949, to June 8, 1958, that I last saw the olive on VIIII. D., 1950, and that death occurred at 1530 from the causes and on the date st	
RECT	ACTUAL C. C. Stageage M.D. 3302 Perry St. Mt. Rainien Md. 6	DATE SIGNED
RAL DI should stror pr	PHYSICIAN'S C. C. Hageage M. H. 3308 Perry St. Mt. Rainier Md.	
Page 3	220 BURIAL CREMATION 220 DATE THEREOF 22c NAME OF CEMETERY OF CREMATION (CITY, town, or county) (S REMOVAL (Spendy) 6/12/58/54/70/54/CEMETERY OF CREMETERY OF CRE	itole)
/S A15 (4) SM 10/57	Talley Tunual Home 3200 16 San DATE 246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
	Inc.	



VS A1S (4) 1SM 10/S7 07142

7114 CERTIFICAT

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

						- 4	
1. PLACE OF DEATH 2. COUNTY Prince Ge	orge†s.	MARYLAND		NCE (Where decease ryland	d lived. If institute b. COUNTY	Allegan	
b. CITY OR TOWN (if outside corp RURAL and give nearest town) Hyattsville Ma	ryland	c. LENGTH OF STAY IN 16		WN (If outside corporate corporate)	orote limits, write RI	URAL ond give ned	rest town)
d. NAME OF HOSPITAL LIFT not in OR INSTITUTION  Carroll Manor Re	<u> </u>	ddress)	STREET ADS	ashington	St.,		ON A FARMA- YES NO
3. NAME OF DECEASED (Type or print)	First E	Middle Elizabeth	Glick	4. DATE OF DEATH	Mon	11.	y Year 19 <b>5</b> 8
female whit		DIVORCED	July 23,	1898	9 AGE [In years last birthday) yrs	Months Doys	Hours Min
10a. USUAL OCCUPATION (Give kind during most of working life even Housewife	if retired)	IND OF BUSINESS OR INC		E (State or foreign o	_	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	. McMuller		Anna	McNamee			
15 WAS DECEASED EVER IN U. S. AR (Yes, no or unknown)   (If yes, give wor	MED FORCES? 16 Septimental MED FORCES?		INFORMANT	0	Addr		
No.		None II	rs. John H	• Glick 3	08 Washin	gton St.	, Cumb. H
18. CAUSE OF DEATH {Enter of PART I. DEATH WAS CAL	ISED BY: CAUSE (o)	erelast	Hemor	shops	2		RVAL BETWEEN ET AND DEATH
33/×	DUE TO	0.00	2 1-	1.	A		
Conditions, if any, which agove rise to immediate	(b) 0	acras (l	Meriose	leron	2-		1922
cause (o), stoling the under-	DUE TO						# Total
	(c)	INTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a) 15	WAS AUTOPSY
PART II. OTHER SIGNIFIC	_						PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE O	G 206. DESCR F DEATH MINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of i	njury in Part I or Pai	rt II of item 18.)		
20c. TIME OF INJURY Month, Hour a.m.	Day, Year 20d INJ While of work	Not while	PLACE OF INJURY (Ha factory, street, office b		y or town)	(County)	(State)
21. I certify that I attend	ded the deceased	d fram Jun		to Gene	-16 1958	that I last sa	w the deceased
alive an John	e_10,125	and that dea	th accurred at 3				
The state of the s	22 _		n		treet, city or town,		DATE SIGNED
ACTUAL SIGNATURE	den T.	Baunad.	M D				
PHYSICIAN'S MILLIA	m = 1.	SACCARD	115	o Con	n. ave	West	6 DT
220 BURIAL, CREMATION, 22b. DAT	E THEREOF	22c. NAME OF CEMETERY		22d. LOCA	TION (City lown, o	r county)	(State)
REMOVAL (Specify) 6/1	4/58	S. S. Peter			mberland,		
23 FUNERAL DIRECTOR'S SIGNATURE Charle S L. Geo:		rland, Maryl	4 "	40. REC'D BY REGIS		TRAR'S SIGNATUR	E
7111212 2 2 3 0 0	- 00	7 3		ATE JUN 1 6	Jo Uu	i-educin	



# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the first director, page 3 should be a cocked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in only event within 72 hours after death.

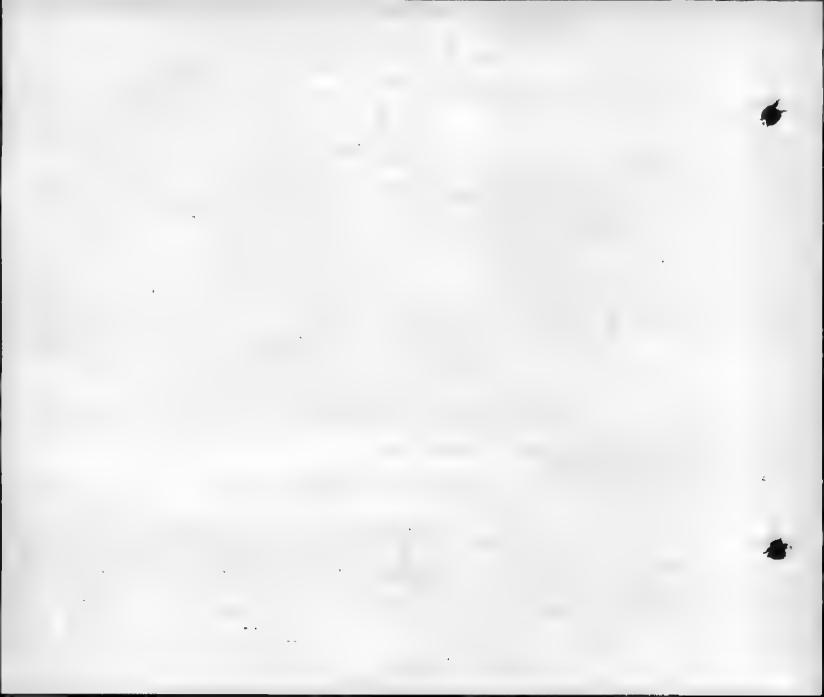
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7140 **CERTIFICATE OF DEATH**

07143

Rea Dist No.

_							
	COUNTY	Lee Jeins	MARYLAND	2. USUAL RESIDENCE (V		COUNTY Residence I	91-
b	RURAL/and give neon	utside corporale limits, write pest town)	C. LENGTH OF STAYIN 16	c. CITY OR TOWN (IF	oulside corporate limit	s, write RURAL and give	negresi town)
-		(If not in hospital, give street	oddress)	1 d. STREET ADDRESS 5212	Tilden	, Roll	e. IS RES DENCE ON A FARM? YES NO D
1	NAME OF DECEASED (Type or print)	JOHN	Middle .	GRADY	4. DATE OF DEATH	JUNE	Doy Year 6 1958
5 5	MALE	WHITE WIDOW	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE lost b	(In years IF UNDER 1 Y Months Do	EAR IF UNDER 24 HRS  Dys Hours Min.
^	USUAL OCCUPATION during most of working	(Give kind of work done 10b. ; life, even if retired)	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (SHOT	1. 2	12. CITIZE	SA
13.	FATHER'S NAME!	E Grad	?	14. MOTHER'S MAIDEN	NAME Fau	drie	
1S.  Yer	WAS DECEASED EVER II	N U S ARMED FORCES? 16 yes, give way or dates of service)		Viny K &	Ludy 5	Address	dende
	PART I DEATH	reducte	OROWAR, Arteriosc	Y THROM levotic Co	Bosis undiovas	ev lar	INTERVAL BETWEEN ONSER AND DEATH
_	couse (a), stating the lying cause last.	DUE TO				ease-	
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE COND	TION GIVEN IN PART 1(	PERFORMED?
CERTIFI	200 ACCIDENT WAS I OR CONTRIBUTING II (IF EITHER, NOTIFY ME	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury is	n Part I or Part II of ite	m 18.)	
MEDICA	20c, TIME OF INJURY Hour a, m, p, m,	While	NUURY OCCURRED 20e. Not white k at work	PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f (City or town	) (Cou	nty) (Stote)
	21. I certify that	I attended the deceas		3 (4, 1958, to )			at saw the deceased
	ACTUAL SIGNATURE	illian DK	osson A	Mb. 5304	Annapole		deubung,
	PHYSICIAN'S NAME (Type)						MARKAN
229	BURIAL CREMATION.	226 DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (CI	ty, lown, or county)	(Stote)
23.	FUNERAL DIRECTOR'S	100	ADDRESS, 91		C'D BY REGISTRAR	245 REGISTRAR'S SIGNA	

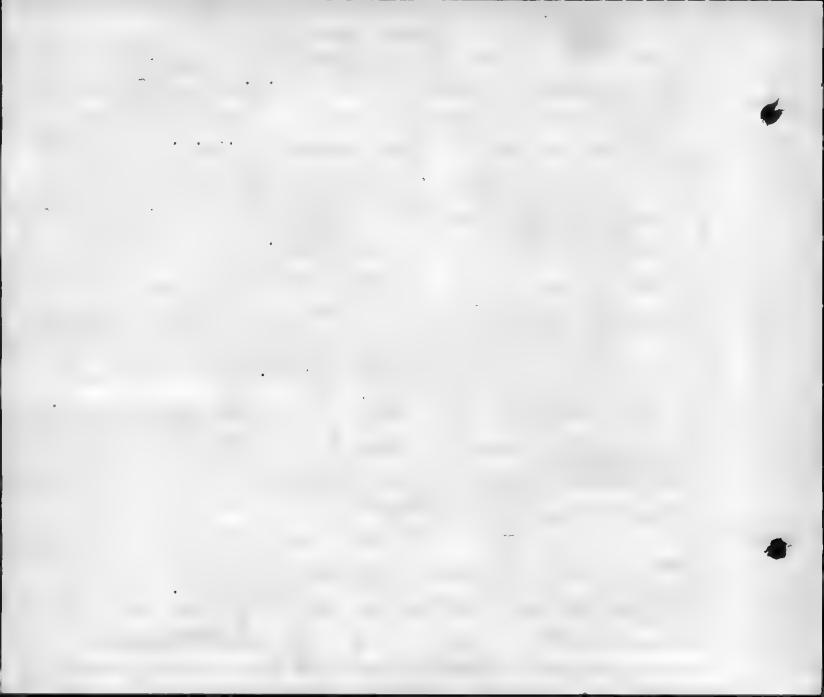
VS A15 (4) 15M 10/57



MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. 1 PLACE OF DAY 2. USUAL RESIDENCE (Where depeased lived, If institution Residence before admission) a. COUNT c. CITY OR TOWN (If out the corporate limits, write RURAL and a NAME OF DECEASED OF DEATH (Type or pr'nl) 9 AGE (In IF UNDER TYEAR MARRIED [7] NEVER MARRIED 8 Months Hours UPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? working life, eyen il retired) FATHER'S MAME EVER IN U. S. ARMED FORCES? SOCIAL SECLETTY NO. 17 INFORMANT (If you give wer at dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Suffocation DUE TO Boine transad in a coder chart Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160119, WAS AUTOPS PERFORMED? NO E 200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort 1 or Fort II of step 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Doy, Year 20d. INJURY OCCUPRED 20e PLACE OF INJURY (Home, form, 120f, (City or (County), (State) lactory, street, office bldg., etc.) Not while? 19.30 of work of work 21/1 certify that I took charge of the remains described above, held an Autopsy ... Inquiry V. Inspection opinion death resulted from. Natural causes ... Suicide , Homicide , Undetermined manner Accident 1 ACTUA DATE SIGNED CHIEF MEDICAL EXAMINER NAME (Type DEPUTY MEDICAL EXAMINER [7] DEPUT 22d MOCATION IC 0 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS. A15ME \$M 2 '57 DATE JIIN 1



2		1198			NT OF HEALT TE OF DEAT		imore, i	1	0714
11	1. PLACE OF DEATH o. COUNTY	ice Georges			2 USUAL RESIDENCE ( a. STATE	<del></del>	d lived. If institution b COUNTY	Reg. Dist.	
		outside corporate limits, w		stay in 16	c. CITY OR TOWN (I	f outside carpo	rate limits, write RU	RAL and give	e n'earest tawn)
	Glenn Dale (	rural) (If not in hospital, give s	I 17 days		d. STREET ADDRESS	Washi.	ngton	4.1	A IS RESIDEN
~ W	OR INSTITUTION	Glenn Dale				Que St	., N. W.		ON A FARA
	3. NAME OF DECEASED (Type or print)	Fint Cha		iddle	lost Grimes	4. DATE OF DEATH	Manil	,	Day Year
		6. COLOR OR RACE 7.			DATE OF BIRTH		9. AGE (In years last birthday)		FAR IF UNDER 24
	Male	414	hand .	ORCED 📆	12/22/22	i	35 yrs.		
	10a USUAL OCCUPATION during most of workin Messenger	ci lite, even it retired)	Veterand A			ite or foreign co VA	ountry)	USA	EN OF WHAT COU
	13. FATHER'S NAME	Olcin	1 40 00 10 110 2	PCH.TT TYTES	14. MOTHER'S MAIDEN			0.02	
	Paul Grime	S			Mary F:	itzhugh	Grimes		
	15. WAS DECEASED EVER	vas, mive wor or dotes of service!	1 1				Addre	255	
	Yes	<u> [ [2 - 19] </u>	579-14-756	oli De	cedent				
		Enter only one cause	per line for (a), (b), one	[ (c).]					INTERVAL BETWE
	TAKI I. DEAT	MMEDIATE CAUSE (0)			e hemorrhag				2 day
		DUE TO	tight i	upper lo	bectomy and	d romov	al of sup	erior	(12/20
	Conditions, if any gave rise to im-	nediate (	segment	or rl	tht lower lo	ope.			6/3/58
	cause (a), stating the lying cause lost.	e under: DUE TO	Pulmona	ary tube	erculosis				2 yrs.
*3,	PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	N IN PART 1	
	200 ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING 20b. CAUSE OF DEATH EDICAL EXAMINER)	. DESCRIBE HOW INJU	RY OCCURRED	(Enter nature of injury i	in Part I or Part	t II of item 18.)		
	20c. TIME OF INJURY Hour o. st. p. m.	V	20d. INJURY OCCURRED While Not while at work at work	20e. PLAC facto	E OF INJURY (Home, for ry, street, office bidg.,	irm, 20f. (City	or town)	{Cou	inty) (S
	21. I certify tha	I attended the de		3/19	, 1 <u>9.58</u> _, to	6/5			it saw the dec
	alive an	5/5/58	12, and I	hat death o	occurred at 2:5				
	ACTUAL SIGNATURE	MIRE W	ten				reet, city or town, s ale Hospi	,	DATE
1				М.	V				6/5/5
f	PHYSICIAN'S NAME (Type)				(	Jlenn 1)	ale, Md.		
	REMOVAL (Specify)	- 226. DATE THEREOF	22c. NAME OF	CEMETERY OR I	CREMATORY	22d. LOCAT	TION (Ciff. fown, or	county)	(Stole)
	23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	世儿	78   240. RE	C'D BY REGIST	RAR 245-REGIST	RAR'S SIGN	
	FUP	1 2 2 11.				JUN 9	58 1912	A sau	



### FOR STATE HEALTH DEPT.

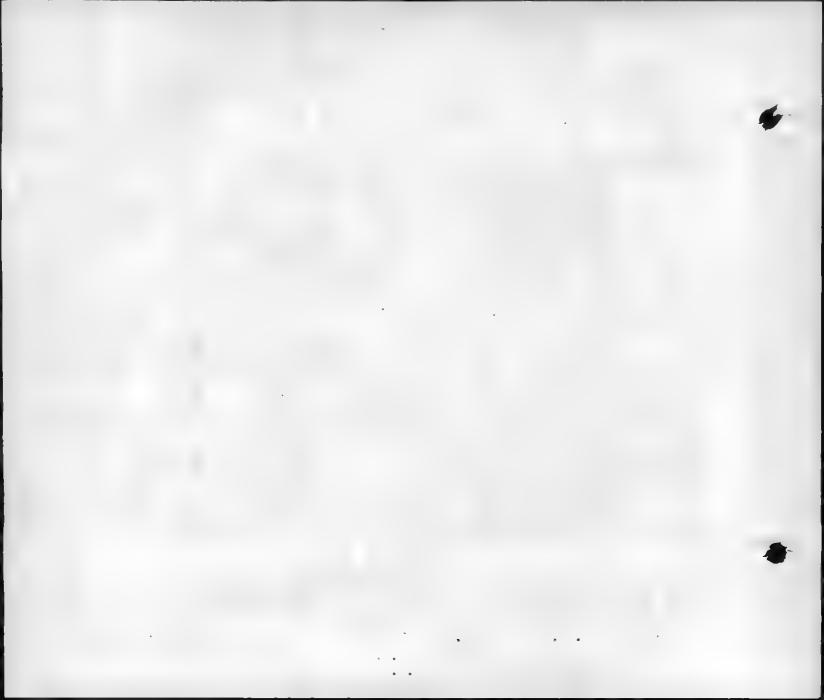
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please

÷ j	0		
E 5	40	j.	
une	10	g	
ne f	9	P Li	
7	士	of the	
S S	3	5	
ond 5	7	PO.	
2,00	10	72	
execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dis 4 should be forwered to the Chief Medical Examiner's Office above with form PM3. Page 5 may be retained for	971	or its designated agent, prior to burial, cremation, ar removal, and in any event within,72 hours after death.	
iges M3	0ge	E	1
2 6	Ö,	Lea	
For Por	Ē	b E	
3.5		0	
20 7	E	E	
fem	ā.	ő	
- 8	200	Ö	
Co.	-tre	O.	
8.0		100	
,E 6	٥	à	
0 8	22	60	
Ex	p	E G	
per	ž.	E e	
P	å	7	
WOT F AJ	ptu	uni	
he is	5 PG	0	
D =	് ല	70	
44	60	řã	
, TO	44	E	
- 6	Ö	900	
U.	Š	0	
Cer	2	io.	
he g	A	(C)	
se a	ZEX.	Q.	
tho	5	3.75	
ê 4	0	0	
A14	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo-		
M 2'	57		
			*

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - MEDICAL EVAMINEDIS CEDTICICATE OF DEATH

07146

Reg. Dist. No.
DEACE OF DEATH  O. COUNTY POR STATE War Land. COUNTY Por County Po
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearly lawn)
ONAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)   d STREET ANDRESS   e IS RES DINCE ON A FARM?
Vis No [
3. NAME OF DECEASED (Type or print) John Sylvester Horrs DEATH Jene 20 195
S. SEX OCCUOR OR RACE 7 MARRIED NEVER MARRIED 1 8 PATE OF BIRTH 9 AGE (14 40% INTUNDER 17EAR IF UNDER 24 HRS.
whole Calor widowed DIVORCED West 27, 1904 53 yrs
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 C TIZEN OF WHAT COUNTRY 11 BIRTHPLACE (State or foreign country)
Faborer General Maryland 4.5-6
13. FATHER'S NAME
Tearmen Harrison many
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANY  [Ver. no. 9* unknown)   (If yes, give wor or dates of service)
no 220 760/30 cha Haveron, same as # 2
18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c) } PART 1, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Always Cause (1)
DUE TO A
Condition, if ony, which (b) Carcinonia & Storia Ch.
(e), stating the underlying DUE TO
covie (a). (c).
PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORY PERFORMED? YES NO  PRIMARY (a) or CONTRIBUTING (a) CAUSE OF DEATH.
Haur a. m. While Not white factory, street, aftice bldg, etc.)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
opinion death resulted fram. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
ACTUAL SIGNATURE . CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
220. BURIAL, CREMATION 7276 DATE THEREOF 220 NAME OF CEMETARY OR CREMATORY 220 LOCATION (Cly, Jown, or county) (Slote)
Burial 6.23.68 Mt. Carmel Cemetery Upper MARlboro, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE 1820 9th St. N.W. 240. REC'D BY REGISTRAR 240-REGISTRAR'S SIGNATURE
Robert, G. McGuire Washington, D.C. DAYE JUN 25 '58   With Laure



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7142MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived | If institution Residence before admission) a. COUNTY **b.** COUNTY files Health, MARYLAND b. CITY OR TOWN off outs do corporate I als c LENGTH OF STAY IN 16 c CITY OR TOWN (If quistide corporate limits, write RURAL and afric nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ad STREET ADDRESS IS RE DENTE ON A FARM? relained for State Box YES NO NAME OF 4. DATE DECEASED Q# 1958 (Type or print) DEATH SEX 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 6 COLOR OR RACE AGE |In years IFUNDER TYEAR IF UNDER 24 HE fail birthday) Hours WIDOWED | DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE/State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even I retired) 13. FATHER 5 NAME 14 MOTHER S MAIDEN, NAME 15, WAS DECEASED EVER N.U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address ( 1 yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for [e], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) pencil in DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying cours lost. pendim of Exom PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? dical NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injuty in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20t. (City or town) white bade white foctory, street, office bldg., etc.) (County) (State) Hour e.m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural couses (X), Accident , Suicide . Homicide . Undetermined manner RE DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 3 ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER A should FUNER 220 BURIAL CREMATION. 22d LOCATION (City, lown, or county) (Stote) **EUNERAL DIRECTOR'S SIGNATURE** ADDRESS. 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **V5. A15ME** DATE



VS A15 (4) 15M 9/55

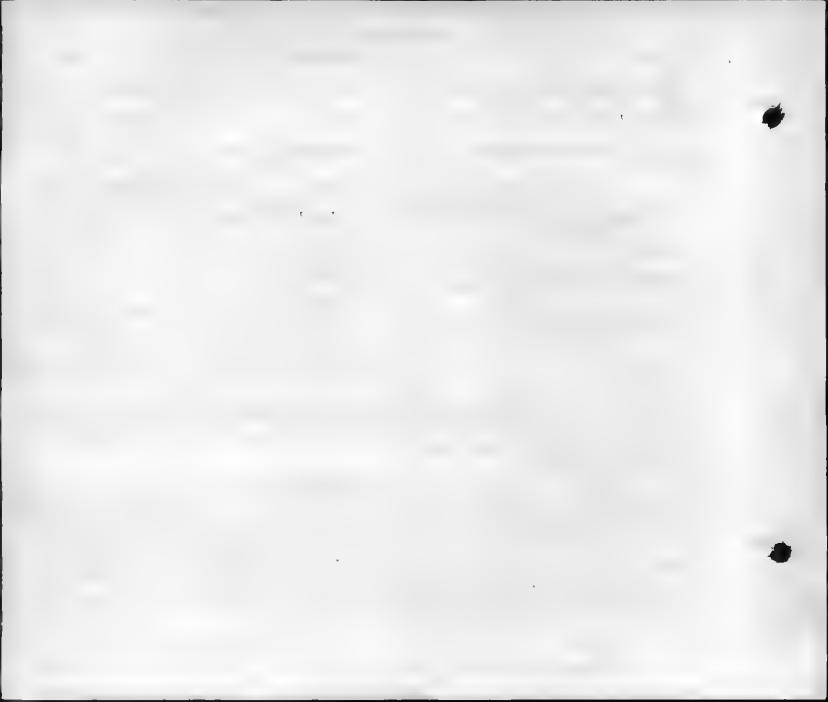
MARYLAND	STATE DEP	ARTMENT	OF HEALT	H-BALTIMORE,	18

7143 CERTIFICATE OF DEATH

Reg. Dist. No.

07148

								MASI DIS	77 779.	
1, PLACE OF DEATH 0 COUNTY			MARYLA	- 11	USUAL RESIDENCE (M	/here decease	ed lived. If institut		e before od	mission)
Prince G	aorge		MAKILA	dah	Maryland				e Geo	
b. CITY OR TOWN (	BOTTO If outside corporate limit parest lown)	s, write	c. LENGTH OF STAY IN	116	E. CITY OR TOWN (IF	outside corp	orote limits, write	RURAL ond gi	ve nearest t	lown)
	Maryland				Laurel					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street o	ddress)		d. STREET ADDRESS				0	RESIDENCE N A FARM?
Laur	el General	Hospi	tal		Rt #1 Box	412			YES	NO T
DECEASED (Type or print)	Fin		Middle	T lb	last	4. DATE OF DEATH	Ma 4 T-		Day	Yeor
S SEX	Albert			lerbe		1	Ų	me 22	VEARINE	19 58 NDER 24 HRS
) SEX			NEVER MARRIED		PATE OF BIRTH		9, AGE (In years lost birthday)	Months (	Days Ho	
Female	White	WIDOWE			Feb. 20.		48 yrs			
during most of wor	ON (Give kind of work di king life, even if retired)	lone 10b. K	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stot	e or foreign	country)	112. CITI	ZEN OF W	HAT COUNTRY
Annua .	ewife		Hama		Maryland	1			05	1-1
3. FATHER'S NAME				1	4 MOTHER'S MAIDEN					
Corneli	us Martin F	rve			Idella I	Reed				
S WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16 \$	OCIAL SECURITY NO	17 INFO	RMANT		Ade	fress		
No	(ii yes, give wor or ourse or se		*****	E	ospital Re	cerds				
18. CAUSE OF DE	ATH [Enter only one co	use per line	e far (a), (b), and (c).}		,				INTERVAL	L BETWEEN
PART 1. DEA	TH WAS CAUSED BY:		nasant	ale	- Can	cir.	DALA		ONSEL A	NO DEATH
111 0	DUE TO								1	
			Care		Pm 4 4 A	(0)	Marie		1 /2 1	16
Conditions, if a	m medicte		Court	1111	MICC	Q e	- Cooley	<u>-</u>	6/	uc e co
couse (o), stoling							/			
lying couse lost.	) (c)								1	
PART II. OTI	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	MINAL DISEA	SE CONDITION GI	YEN IN PART	PE	AS AUTOPSY REORMED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20Ь. DESC	RIBE HOW INJURY OCC	CURRED (	Enter noture of injury in	Port I or Po	ort II of item 18 )			
20c. TIME OF INJUI	RY Month, Day, Yes	or 20d IN	JURY OCCURRED 2		OF INJURY (Home, far r, street, office bldg., g		ly or lown)	(C	ounty)	(Stote)
p. m.	19	ot work			-1					
21. I certify T	nat I attended the	decease	d from Aleans	118	, 19.5 Y, to	thu	2 2 2 190	Lithat I le	ast saw t	he decease
olive on	xant 22	-, 19J	and that c	leath a	corred at	M, fra	m the causes	and an th	e date si	tated abave
	1/1	1	6/2			ADDRESS (	Street, city or town	, stote)	2	DATE SIGNE
ACTUAL SIGNATURE	VIn	17	Cleur	M.D	150 C	ulus	leun Ko	h	She	-6
	4		200		^		7		7-5-6	4
NAME (Type)	OSCAR	13	5. (0 AT-1	up	621 1)					
270. BURIAL, CREMATIC	ON. 22b. DATE THEREO	F	22c. NAME OF CEMET	FRY OF C	REMATORY	22d 10¢	ATION (City, town,	or county)		State)
PREMOVAL (Specify		1958	Jun 1	10	Conste	1		M	'and	( Land
23 FUNERAL DIRECTOR	SAIGNATURE	120	ADORESS	44.	240.500	D BY REGIS	STRAR 246 REG	ISTRAR'S SIG	NATURE	1. perge
(le/1) 12	Manel	lan	Land	1 7	DATEU	0 0 15	8 Qu-	Leave	1.	
7 - 7 - 1 - X - Y	7 7 7 7 7 7 7 7		W. Sarra	/ //	A L					

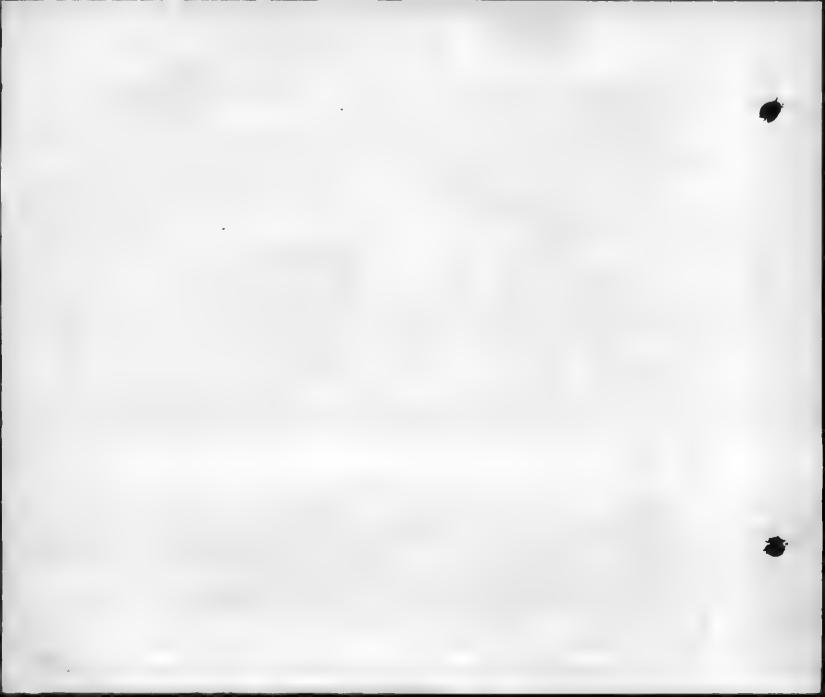


Reg. Dist. No.

5

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

		I o. COUNTY?! La II o. STATE	ESIDENCE (Where deceased lived. If institution: Residence before admission) b. CODNTY
11		True Livels! MARYLAND MA	restund Vince Sever
/		RURAL and give negrest town)	OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	7	d. NAME OF HOSPITAL [If not in hospitol, give street oddress]	T ADDRESS Le IS RESIDENCE
2.2		CSD & Central Am	7 ADDRESS 9. Central Are ON A FARM? YES NO NO
		DECEASED / : / 7	Lost 4. DATE Month Day Year OF DEATH
		(Type or print)	70 1001
	)	5. SEX FEITHLE WHITE WIDOWED DIVORCED 8. DATE OF BI	P AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	10a	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTH dyr ng most of working lifegeran if retired)	HPLACE (State or foreign country) - 12. CITIZEN OF WHAT COUNTRY?
1		House Wife Home W	anh de USA.
Œ.	月	13 FATHER'S NAME	R'S MAIDEN NAME
	1	Joseph W. Survell It	sephine Nobey
	1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
		N.O make	gout he by "47-68th Any Leat
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL GERMEEN
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) My beauthur	I destarction ONSET AND DEATH, 2
		420.1 DUE TO	1 1 1 :
		Conditions, if ony, which ) (b) Corrow	hophon
		gove rise to immediate catse (a), stating the under-	
		lying couse lost. (c)	
`	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
i	CAT		YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture OR CONTRIBUTING CAUSE OF DEATH OF LITTLE EITHER, NOTIFY MEDICAL EXAMINER)	e of injury in Port 1 or Port (I of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. PLACE OF INJURY OCCURRED 40c. PLACE OCCURRED 40c. PLA	Y (Home, form, 20f. (City or town) (County) (Stote)
	ME	While Not while of work of work	
		21. I certify that I attended the deceased from many // 195	1. 10 June /J. 19 F, that I last saw the deceased
		alive on June /4 1917 and that death occurred of	at 1 M. from the causes and on the date stated above.
		8	ADDRESS (Street, city or town, state) DATE SIGNED
		SIGNATURE William Dramme M.O. 4)	24 antial Ana 41.5/5
1		PHYSICIAN'S MM BRAIN A	C. 1 TD 11 T 12 1
,		NAME (Type)	capital Agla My
	$\checkmark$	22a. BLRIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY	22d. LOCATION (Giry, town, by county) (State)
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	-	- de jour lipone loc	DATE JUN 17 55

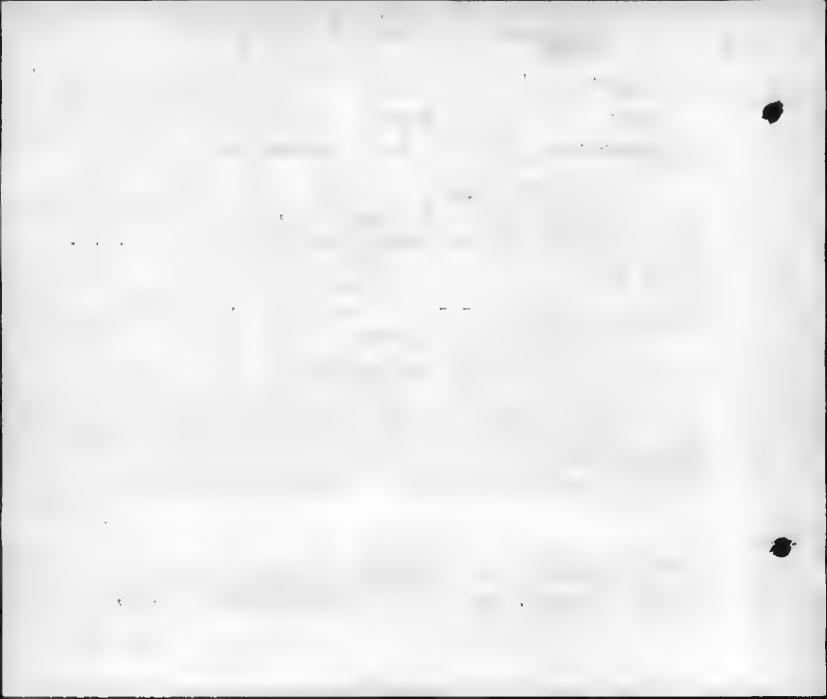


. Page files. Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate world "pending" in pending" in pending is feet. 18. Given Pages 1, 2, and it to the funeral dimerlor. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for this. To Funeral Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board. Health, or its designated agent, prior to burial, cremation, or remayol, and in any event with 22 hours after death.

VS. ALSME 5M 2'57

_		7200 <sup>ml</sup>	DICAL	EXAMINEK	CERTIFICA	CIE OF DEAT	Reg. D	ist. No.
	PLACE OF DEATH	nee George	i s	MARYLAND	2. USUAL RESIDENCE D. STATE Mary	(Where deceased lived		nce George
T	b. CITY OR TOWN (IF a and give negrest laws)	iulside corporale limits, wille	RURAL C. L	ENGTH OF STAY IN 16	11	(If outs de corparate fimili	, write RURAL and	g've nearest town)
	Berkshire			6 months	★ Be rkshi			
	7110 Nyac		f not in haspitol,	give street address)	7110 Nys	ek Place		ON A FARM YES NOTE
3.	NAME OF DECEASED (Type or print)	Clayton		Middle	tost Hollen	4. DATE OF DEATH JUIN	Month	1 Yeor 19 58
	sex (ale	6 COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED   B	PATE OF BIRTH February 7	1915 AGE (in fost birthd)		TYEAR IF UNDER 24 HR Doys Hours Min.
100		N (Give kind of work of life, even f retired)		of Business or Industing machines	Pennsyl			S. A.
	FATHER'S NAME	llen			14. MOTHER'S MAIDEN UNKNOWN	NAME		*
TV-	1B. CAUSE OF DEATH	If yes, give war or delet of  H [Enter only one could was CAUSED BY:  MMEDIATE CAUSE (e)	171-			Hollen, same	as # 2	INTERVAL BETWEEN ONSET AND DEATH
TON	Conditions, if on gove rise to immedial, stolling the u couse lost.	ote couse nderlying DUE TO (c)		OVESCULET TO		MINAL DISEASE COND.TIC	ON GIVEN IN PAR	PERFORMED?
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	b DESCRIBE HOV	W INJURY OCCURRED (E	nter noture of injury in P	art I or Part II of item 18	)	YES NO
MEDICAL (	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Not while of work	CE OF INJURY (Home, fa ory, street, office bldg., e	orm, 20f. (City or town)	{Con	unity) (State)
	§			oins described aba	_	osy 🛴 , Inspection Homicide 🔲 , U	ndetermined	
	ACTUAL SIGNATURE	esulted from, I	1	Corn	M D. CHIEF MEDICAL	-		DATE SIGNED
	ACTUAL	James:	w S1	Boy	_ M D.	ICAL EXAMINER	June 5	DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **EDICAL EXAMINER'S CERTIFICATE OF DEATH** FOR STATE Rea. Dist. No. ALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH e. COUNTY ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 40 YES INO IT 3. NAME OF DATE DECEASED OF DEATH (Type or print) 5. SEX 9. AGE IF UNDER TYEAR BC DATE O IF UNDER 24 Months Days Hours WIDOWED T Mork done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 0 13. FATHER'S NAME IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT If yes, give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1/6X **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART HOLLY, WAS AUTOPSY PERFORMED? YES 🔲 NO 🔀 200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of igjury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 120e 20c. TIME OF INJURY Month, Doy, Year PLACE OF INJURY (Home, form, 1201, (City or town) (County) (State) factory, street, office bldg., etc.1 Not while. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry ond in my opinion death resulted fram: Natural causes . Accident . Suicide 14, Homicide 1, Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 226. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMERERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spec (y) Panl's O Cemetery Baden, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME Ritchie Bros. Upper Marlboro, Md. SM 2/57



**ADDRESS** 

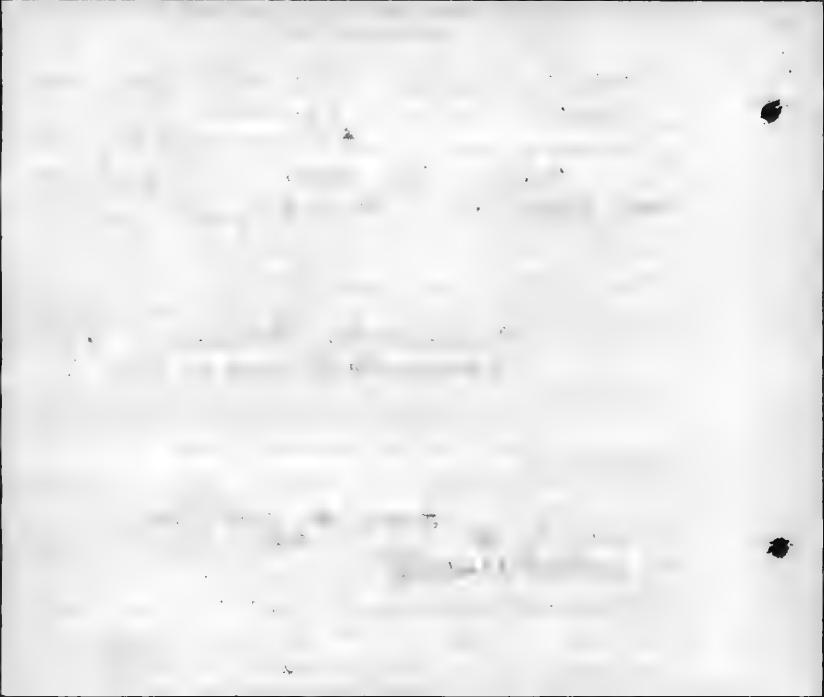
246. REC'D BY REGISTRAR 8

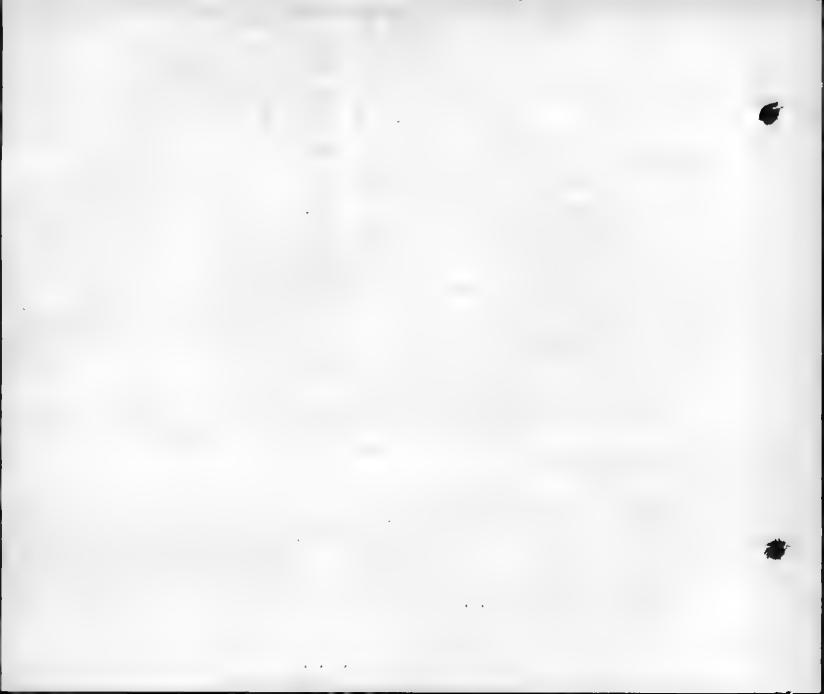
246 REGISTRAR'S SIGNATURE

VS A1S (4)

23. FUNERAL DIRECTOR'S SIGNATURE

death.





VS A15 (4) 15M 10/57

1		
director,	Stad wert	
To .	ě	•
d in by the	and 2 sho	
ģ	2	
.⊑	ě	
y filled	. Pages 1 a	
completel	in papers. P	mak.
cian and	carban I	- K
shysi	emave carba	1
is been signed by the attending j	Then please re	the state of the s
the	Then	4 - 4 - 1
igned by	permit.	200
 e has been si	-transit	land land
e has	buria	ALC: NO SEC.

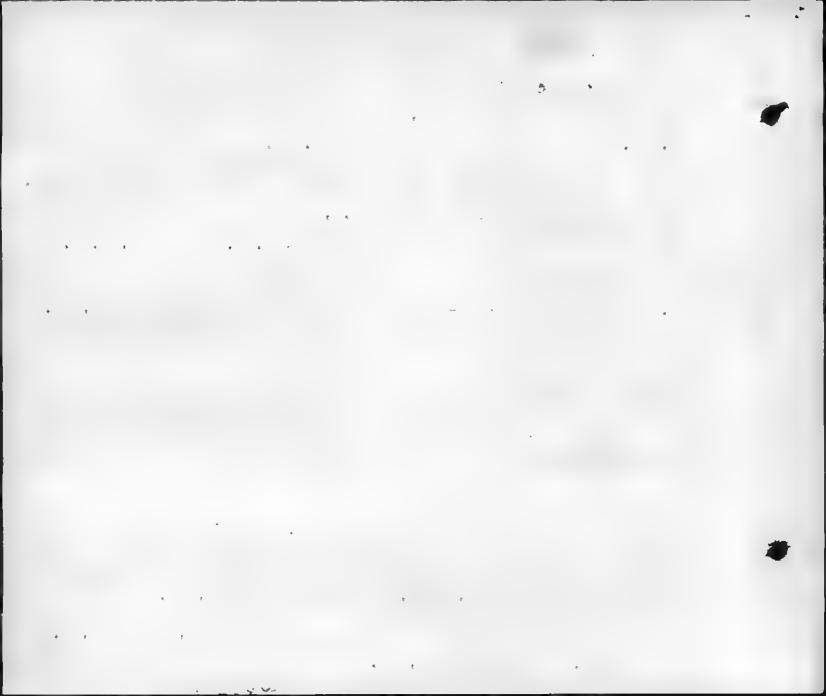
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

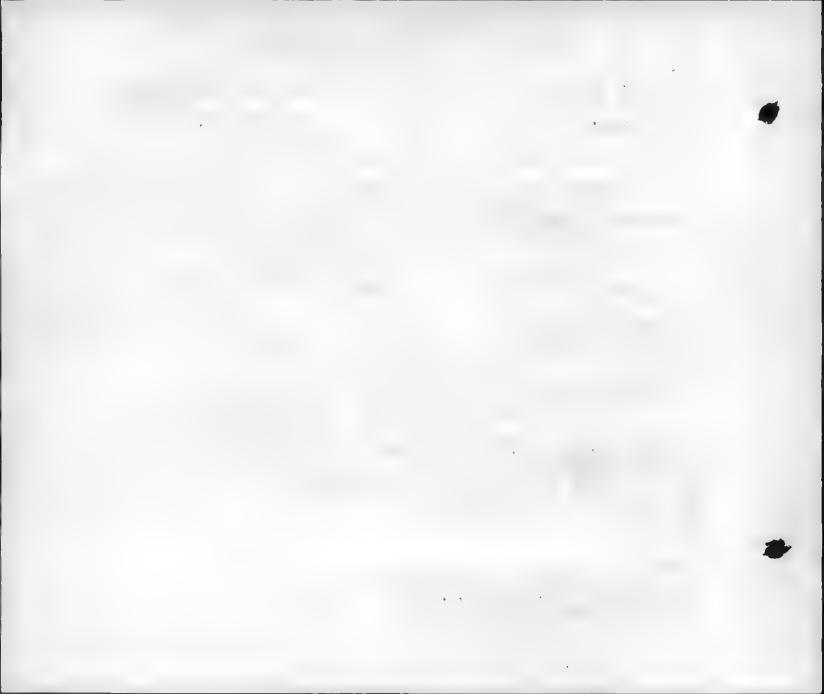
07454

7202 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1, PL	COUNTY				****	2 USUAL RES	DENCE (WH	iere decease	d lived. If institut	ion Residenc	a before adm	uss on)
0.		ce Georg	t no		MARYLAND	o. STATE	arvla	เทส	b. COUNTY	Prin	ce Ge	orges
Ь.	. CITY OR TOWN (IF	outside corporate limit	is, write	c. LENGTI	H OF STAY IN 15	c. CITY OR	TOWN (If o	outside corpo	rote limits, write			
TI	RURAL ond give ned			1.3	yrs.	1		Marl				
	NAME OF HOSPITA	L (If not in hospital, g	ive street o		3208	d STREET		14 CT. T.	0010		I = 15 2	ESIDENCE
	or institution						#4				ON	A FARM?
							77 77				YES	NO.
DE	AME OF ECEASED	Fir			Middle	Lo:		4. DATE OF	Mo		Doy	Year
	ype or print)		heri		Pauly	Kel.	У	DEATH	J	une	30,	19 58.
5. SE	X	6. COLOR OR RACE	7 MARRI	ED   NE	VER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthday)		YEAR IF UN	
-	'emale	White	WIDOWE			Feb.8,	1869		89 yrs	Months I	Days Hour	s Min.
10a	USUAL OCCUPATIO	N (Give kind of work ong tife, even if retired)	done 10b. I	KIND OF 8	USINESS OR INDU	STRY 11 BIRTHP	ACE (Slote	or foreign co	ountry)	12 CITI	ZEN OF WH	AT COUNTRY"
	Housewif			wn H	lome	Alb	any,	N. Y		U.	S. A	
	ATHER'S NAME					14. MOTHER'S						
	10 D	7				160.00	- 35	77				
15. W	ASDAT PI	IN U. S. ARMED FOR	CES2 116 4	SOCIAL SEC	URITY NO 17 H	NFORMANT	7 Mue	TreL	Ade	resa		
(Yes, r	na, or unknown) []	yes, gave wor or doles of s		OCINE SEC			l	77				Ma
The same before	0					Im Lew.	rs ve	TTA-	Upper	Martc	oro,	MCC.
	B. CAUSE OF DEAT	H [Enter only one co	use per lin	e for (o), (t	b). and (c),	- 1-1		due	T . a		INTERVAL	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o		ons	eclir	e 175	2arl		Talen	re	6	months
	450	DUE TO			-	a						
$\perp$	Conditions, if on	y, which ) (b)	,	w	rleria	scher	osin	2			16	921
	gove rise to im	mediate (									/	7
	Couse (o), stoting the lying couse lost.	(c)										
	PART II. OTH	R SIGNIFICANT CON		ONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO	THE TERMO	NAL DISEAS	E CONDITION OF	/FAI INI PART	1(a) 19 WA	SALITOPSY
AT			100	120 0	10-11		me.	•		CON HA COM	PERI	ORMED?
E 2	Oo. ACCIDENT WAS	LINDSPLYING D	20h DESC	DIDE HOW	INTERPORT				AL -6 14 30 3		YES	NOD
E (	OR CONTRIBUTING	☐ CAUSE OF DEATH I	200. DE30	WIDE HOTY	INJURY OCCURRE	D. (Enter noture o	t injury in r	Off Lot-Pari	r II or irem 18 j			
					0							
MEDICAL	Oc TIME OF INJURY	Month, Day, Yea	r 20d IN iWhile	JURY OCC		ACE OF INJURY (	Home, form, bldg., etc.	, i 20f. (City	or town)	(Co	ounty)	(Stote)
. 星	p. m 🚤	19		D. SP WOI	2041.02							
2	21. E certify the	t I attended the	decease	d from	Feb.	2 1058	to J	ine	30, 195	That I to	et ease th	a deceased
1 1	alive on Id	M 29	105	C/	and that death	and the second	8115	P	and the same of Tarelan	2,,11101 1 10	151 2GW ID	e deceaseo
				1	nia inai deam	occorred of			the causes of the text.			
A	ACTUAL Z	Porula F	< //	Las	100	1	K. K.	- (31	MA K	310161	1 .7	DATE SIGNED
S	IGNATURE 7	DYNU C	1 /	win		M.D	T. J.		Mec. ce		-1-12	4-7-
	HYSICIAN'S T	ames G. S	i a a a /	102	M D	IIn:	non I	larlb	oro. Md			1 2-1-1
							DOT I	101 1.0	OTO 5 MM	•		}
	BURIAL, CREMATION REMOVAL_(Specify)	, 22b. DATE THEREO	F	22c NAM	E OF CEMETERY O	R CREMATORY		22d LOCAT	10N (City, town,	or county)	(St	ole}
	irial	7/4/58		St.	Agnes 0	atholi	c Cer	1: A	lbany,		N.	Y
23. FU	UNERAL DIRECTOR'S	SIGNATURE		ADDR	ESS		240. REC'D	BY REGIST	-	STRAR'S SIGI	VATURE.	
Ri	Ltchie B	ros. Upr	er 1	Marlt	poro, Md	i.	DATE JU	1 9 '	58 (20	Leau	ch	





# FOR STATE HEALTH DEPT.

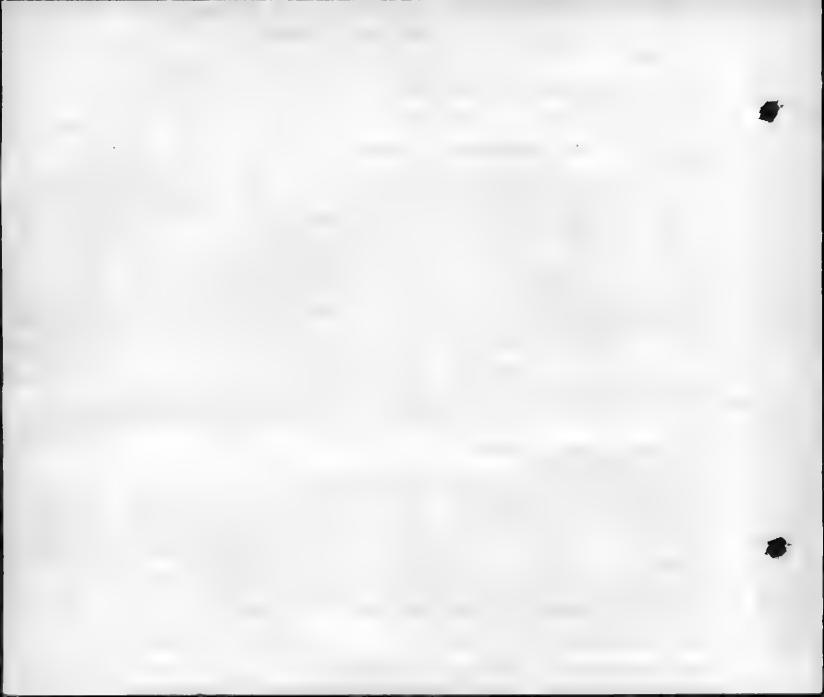
an ox	fune	etain	State	death
O VED	Sy execute the certifying the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune	y be r	th the	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death
-	e pu	5 mg	2 wit	hours
r ded	2. 0	Page	and	n 72
110			153	差
SULS O	Page	PAG	poge	ent w
74 PK	Give	FOTH	F	ny ev
Thin	80	T	ij.	5
3	te m	long	f per	Duo
Seg	I ei	ice o	CORSI	Svot.
De en	Senci	20.0	riol-h	rem
000	6	iner	o pe	, ar
e SH	Sing	MDX	SO F	alia
8	pead	to E	Wied	crem
Cert	, put	Medi	d be	iot,
Ξ.	le we	hief	thout	paq c
NEK	II Bu	he C	63	or to
E W	WITE	D	Pog:	T. 197
LEX	e i	P	Š	den
4710	r 81 5	N A	REC	ed o
¥	he ca	be fo	AL D	gno
5	Lite I	pini	NER,	s des
JOE	U II X II	4 she	FE	or it
3		1.5	10	
5	M S	2 /5	7	

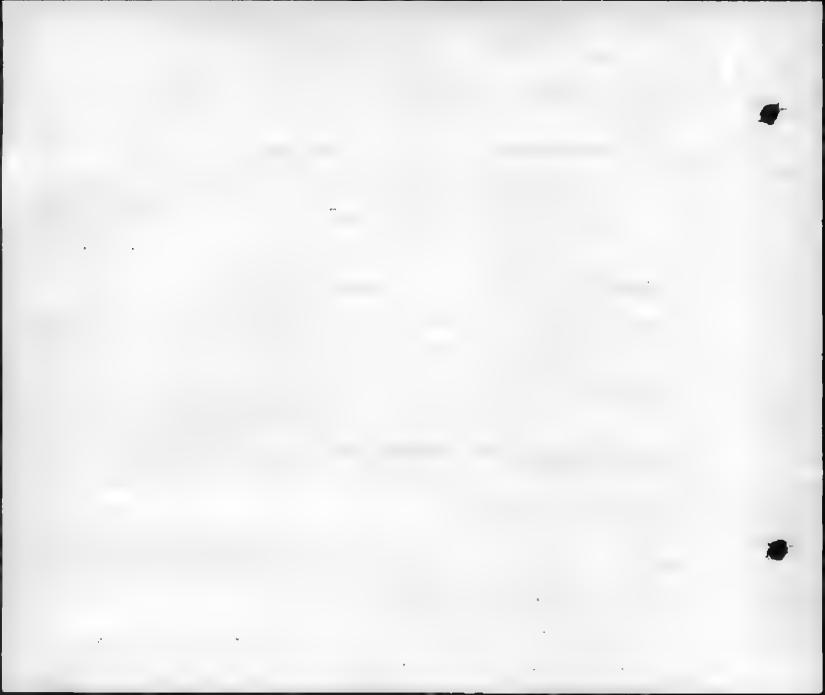
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 BMANA

1. PARTE OF DEATH   COUNTY		7147 MEDICAL EXAMINATE S CERTIFICATE OF DEATH Reg. Dist. No. U (151)					
B. CITY OF DOWN Jumber segregate by Jumb (1) C. EENGTH OF STAY IN 18  B. CITY OF TOWN Jumber segregate by Jumb (1) C. EENGTH OF STAY IN 18  C. STAY IN 18  C		" - COUNTY ()					
STREET DOORS OF RESTORING UP ON THE MARRIED OF THE PROPERTY OF STREET DOORS OF RESTORING OF REST							
A STREET ADDRESS  A STREET ADD		b. CITY OR TOWN (If outside corporate limits, write RURAL and The nearest town) and give nearest fown)					
2. NAME OF DECEASED  2. NAME OF OFTEN AND SECURITY OF STAND OF PACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  3. SEL   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OF BUTH  1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SEVER MARRIED   S. DATE OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   S. DATE OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SET   O COUPT    1. SET   O COUPT OFFACE 12. MARRIED   SET   O COUPT    1. SET   O COUPT OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 13. SET   O COUPT    1. SET   O COUPT OFFACE 13. SET   O COUPT    1. SET   O COUPT   O COUPT							
SAME OF PART   COURT OF SECTION   Constitution   Court of Section		of HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS					
DECRATE OF PINN		The state of the s					
S. SEX   G. COLON COMPACE   MARRIED   NEVER MARRIED   B. DATE OF THE   CALL   MACE IN STATE		DECEASED SAA					
JOS SUSTAIN COLOR INTO HE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY  PERFORMANT OF INJURY MOONING INJURY OCCURRED (Enter noture of injury in Port 1 or Por		wind with					
10. USUAL OCCUPATION Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. MOTHER'S MAJOR NAME  12. CITIZEN OF WHAT COUNTRY?  13. FATYER'S NAME  14. MOTHER'S MAJOR NAME  14. MOTHER'S MAJOR NAME  15. WAS DECEASED I'VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFOMMANT  17. INFOMMANT  18. CAUSE OF DEATH [Enter only one course per line for [o]. Dis. and (c).]  18. CAUSE OF DEATH [Enter only one course per line for [o]. Dis. and (c).]  19. PART I, DEATH MAS CAUSE OF MAJOR NAME (Info Info Info Info Info Info Info Info		To lost brinday) Months Days Hours Min					
13 FATHERS NAME		12/10/2					
SWAS DICTASED FYEE IN U. S. ARAPLE FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT		during mast of warking life, even if retired)					
SWAS DICTASED FYEE IN U. S. ARAPLE FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT		13 FATHER'S NAME					
The now of withness   Color of pearty   Enter only one couse par line for [o] (b) and (c)	/	Walterm Wil Stordard Thoch and Fick					
18 CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c) ]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if you, which gove rise to immediate couse [o], storing line underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OWNER OF DEATH.  200. EXTERNAL CAUSE WAS REMARKY or CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OWNER OF DEATH.  200. EXTERNAL CAUSE WAS REMARKY or CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OWNER OF DEATH.  200. EXTERNAL CAUSE WAS REMARKY or CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OWNER							
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if only, which gove its to immediate cause (b), stoling the underlying (c), stoling the underlying (		Octava toursease: same address.					
PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which gove siss to immediate cause (a), stating the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INJURY OCCURRED COURSED CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO CAUSE OF DEATH.  30a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO CAUSE OF DEATH.  30a. EXTERNAL CAUSE WAS PERFORMED? YES DO CONTRIBUTING DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO WES DO TOWN.  30a. EXTERNAL CAUSE WAS PERFORMED. YES DO CONTRIBUTING DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES DO CONTRIBUTING DESCRIBE HOW INJURY OCCURRED COURSED CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES DO CONTRIBUTING DEATH 10. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES DO CONTRIBUTING DEATH 10. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES DO CONTRIBUTION DESCRIBE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES DO CONTRIBUTION CONTRIBUTION COUNTRY COUNT		18 CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c) ]					
Conditions, if any, which gove rise to immediate cause (c), stating the underlying auso lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES DOWN PRIMARY DO CONTRIBUTING DOWN INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of riem 18)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 19 all INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of riem 18)  21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection (County) (State) opinion death resulted from: Natural causes (Accident I), Suicide I, Homicide I, Undetermined monner DATE SIGNATURE  ACTUAL SIGNATURE AND TO MALDUS U. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) JOHN TO MALDUS U. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) To DATE THEREOF TO CREMETERY OR CREMATORY PLANE TO THE TERMOVAL (Special to On 6/5/58)  TRENISPONT LEATEN TO THE THEREOF TO CREMETERY OR CREMATORY PROBLEM TO THE TERMOVAL (Special to On 6/5/58)  TRENISPONT LEATEN TO THE THEREOF TO THE TERMOVAL (Special to On 6/5/58) Flushing 1240-REGISTRAR'S SIGNATURE 1240-REG		PART I. DEATH WAS CAUSED BY.					
Operation of immediate course (c), stating the underlying course lost.   Operation of the part of th							
[c], stating the underlying   DUE TO   (c)   PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED? YES NO   200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of riom 18.)  20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20c PLACE OF INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20d INJURY (Home, form, 20f. (City or fown)   (County)   (State)    20c. TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20d INJURY (Home, form, 20f. (City or fown)   (County)   (State)   20d Injury   20d Injury							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTION DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PRIMARY DO LINE OF INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PRIMARY DO LINE OF INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Itlem 18)  200. EXTERNAL CAUSE WAS PREFICED TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS PREFICED TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS PREFICED TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS PREFICED TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  200. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  201. Indicate The Part II of Itlem 18)  202. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  203. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  204. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  205. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  206. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  207. EXTERNAL CAUSE WAS AUTOPS TO PART DO II OF ITLEM 18)  208. EXTERNAL CAUSE WAS AUTOPS TO PART DO II O		(a), stating the underlying DUETO					
PREFORMED?  YES NO   20a. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of riem 18)  20c. TIME OF INJURY Month, Day, Year 2dd INJURY OCCURRED 20c PLACE OF INJURY (Home, Farm, 20f. (City or fown) (Stole)  While Not while of work of individual of work of injury in Part I or Port II of riem 18)  21. I certify that I took charge of the remains described above, held on Autopsy I, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes X, Accident I, Suicide I, Homicide I, Undetermined monner ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PROVAL (Specific Novel) (Stole)  Transportation (75/58) Flushing New York  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240 REC'D BY REGISTRAR 740-REGISTRAR'S SIGNATURE							
20c. TIME OF INJURY Hour o, m. p. m. 19   Value   Not while of work   Other part of the remains described obove, held on Autopsy   Inspection   Inquiry   Ond in my opinion death resulted from: Natural couses   Accident   Suicide   Homicide   Undetermined monner    ACTUAL SIGNATURE   ACCIDENT   AC		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAILED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{V} \) NO \( \text{N} \)					
21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE							
21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Slafe)					
opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . DATE SIGNED . SIGNATURE . DATE SIGNED . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDI		p, m, 19 al wark of wark					
ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSI		21. 1 certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [X], and in my					
SIGNATURE  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  CHEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  CHEF MEDICAL EXAMINER		opinion death resulted from: Natural couses 🔼, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner					
SIGNATURE  SIGNATURE  ASSISTANT MEDICAL EXAMINER   6-4-58  NAME (Type) JOHN T-MALONE 1. M.D. DEPUTY MEDICAL EXAMINER   720 BURIAL CREMATION, 726, DATE THEREOF   REMOVAL (Specify) to n 6/5/58  Flushing  721 REMOVAL (Specify) to n 6/5/58  Flushing  722 REGISTRAR 7240-REGISTRAR 7240		DATE SIGNED					
EXAMINER TYPE JOHN T- MALONEY .M.D DEPUTY MEDICAL EXAMINER TO SURVEY TO STAND TO STA		SIGNATURE JOHN J. I CHERNEY _ M.D. CHIEF MEDICAL EXAMINER []					
220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Stote)  Transportation 6/5/58 Flushing New York  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 74b-REGISTRAR'S SIGNATURE		EXAMINED 1					
Transportation 6/5/58 Flushing New York  23. Funeral Director's Signature ADDIESS 240 REC'D BY REGISTRAR 740-REGISTRAR'S SIGNATURE		JULIA IN TOTAL STATE OF THE STA					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE							
F. Gasch's Sons Hyattsville Maryland. DATE JIN 6 '58 15 12 12 12							
		P. Gasch's Pons Hyattsville Maryland. DATE JUN 6 '58 10 12 12 12 12					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1 FICERTIFICATE OF DEATH Reg. Dist. No. director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, with c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) West Hrattsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (Daughter's home Ave. YES 🕢 NO 🖸 NAME OF Middle DATE Month Day DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE fin years IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min. WIDOWED D DIVORCED T popers. O YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) puo pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicion move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per Jine for (o), (b), and (c) ]\_ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** mi. Conditions, if any, which gned gove rise to immediate **DUE TO** Pe cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. ft. While Not while p. m. of work of work 21. I certify/that I attended the deceased from that I last saw the deceased and that death occurred at 2.2 M, from the causes and on the date stated above. DATE SIGNED DIRECT **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION, 220 NAME OF CEMETERY OR CREMATORY 22d. 10 ATION/ICity Jown, or country EMOVAL (Specify) 0 23. FUNTERAL DIRECTOR'S SIGNATURE **ADDRES** 240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNADURE DATE 15M 9/55





popers. death puo corbon physician Guipua þ ğ DIRECT should FUNER E2 9 VS A1S (4)

O HOSPITAL

1SM 9/55

Filed v

O. COUNTY

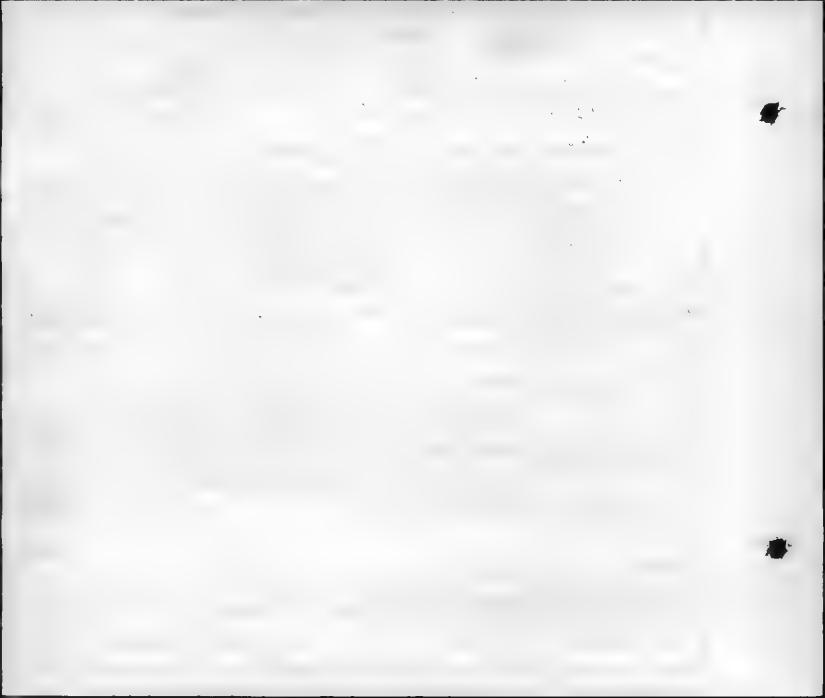
1 NAME OF

DECEASED

5 SEX

(Type or print)

13 FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or lawn) 20d. INJURY OCCURRED Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not white at work at wark . 19\_3 that I last saw the deceased 21. I certify that I attended the deceased from 66. and that death occurred at 12 72 M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S' NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE HIN 2 5



ON A FARM?

YES NO T

Year

19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7204 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o. STATE **6. COUNTY** MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) RURAL and give negrest lown) ď most Washington Glenn Dale (mural) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Glenn Dale Hospital NAME OF 4. DATE **First** Middle Lost DECEASED (Type or print) DEATH Lewis Moulton Lawrence 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthday) Months Days WIDOWED | DIVORCED ST lale YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Advertising Distribution of Washington during most of working life, even if retired) USA Mail clerk New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Charles Lawrence Minnie Moulton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes 267-01-1:761 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary tuberculosis 38. mo. DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T

Palmonary emphysema and cor pulmonale 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Year

o. n. While Not while 19 of work at work p. m.

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(County)

\_\_\_ 1958\_.that I last saw the deceased

(State)

21. I certify that I attended the deceased fram. \_\_, and that death accurred at 5:30 AM, from the causes and an the date stated above. alive an ADDRES\$ (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, 225. DATE THEREOF

Weiss.

Glenn Dale

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

Erlington National Countery

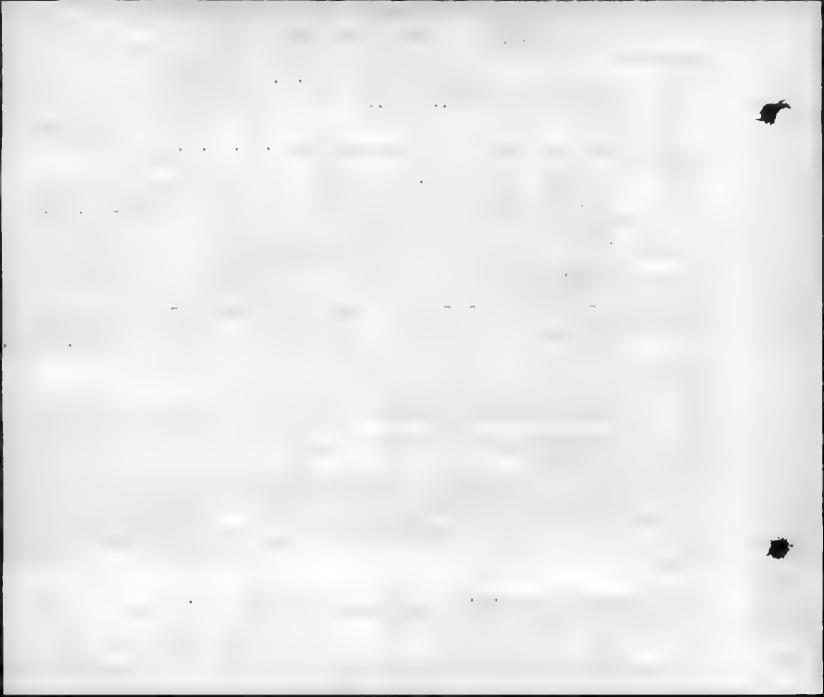
22c. NAME OF CEMETERY, OR CREMATORY

24o, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

should

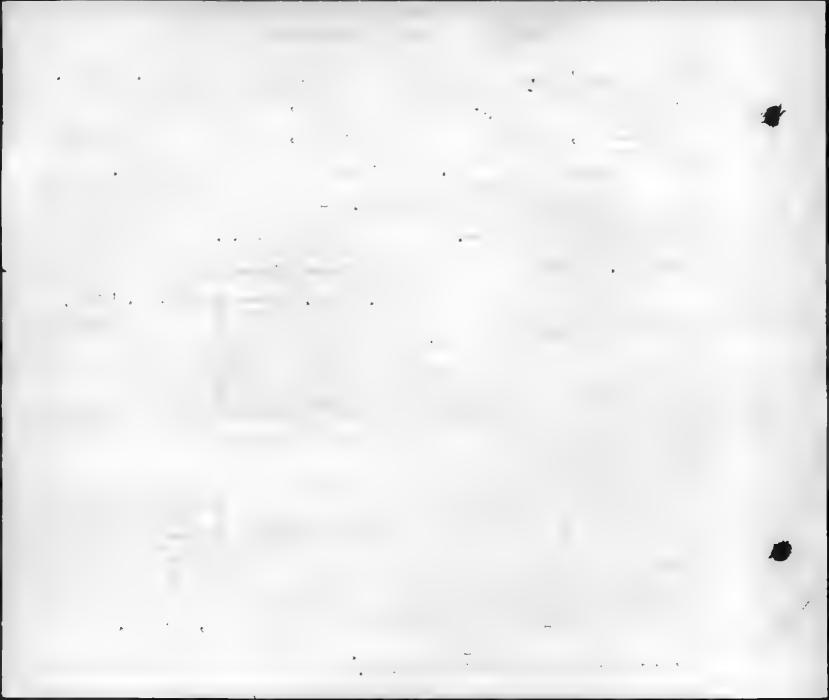
pode



L	4 % U 1	J CERTIFICA			Reg. Dist. No.
	1. PLACE OF DEATH O COUNTY Prince George's Co.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryler	nd b. COUNTY	Pr. Geo B Co.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)  ACCOKOOK.	c. LENGTH OF STAY IN 16 8 Years	Accokeek,	itside corporale limits, write RUR	At and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give store of hospital). Maryla		Accokeek,	Maryland	e. IS RESIDENCE ON FARM? YES PRINO
	3 NAME OF DECEASED [Type or print] FRIEDRICH	G. I	LINDNER	4. DATE OF JUNE Month	4th. 19 58
	1/ 1 1/1-11	TOTAL CONTRACTOR OF THE CONTRA	8 DATE OF BIRTH Feb. 12- 1902		FUNDER 1 YEAR 1F UNDER 24 HRS Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  TRUCK FARMER	106 KIND OF BUSINESS OR INDUS	Washingto		12 CITIZEN OF WHAT COUNTRYS
	13. FATHER'S NAME  Johann M. Lindner		Rosina L		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)		s. Emma R. Li	ndner Accokeek,	
	18. CAUSE OF DEATH [Enter only one couse p PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	Olecus al	throng si Henry	P. Mercan	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0 . 1 111	NOT RELATED TO THE TERMIN  2 324   12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	carecating	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Hour e.m.	Od. INJURY OCCURRED 20e. PLA foci foci work at work	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f (City or town)	(Caunty) (State)
	21. I certify that I attended the decalive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	12 The aff FMD	MD 3/2-7	M, from the causes and ADDRESS (Street, city or town, stone)  ADDRESS (Street, city or town, stone)  ADDRESS (Street, city or town, stone)	120 3/2
	226. BURIAL CREMATION, BUPTAL PRECISE June 6-58 27 FUNERAL DIRECTOR'S SIGNATURE	Codar Hill C	emetery	27d. LOCATION (City, lown, or Suitland, Mary	
Ļ	Symmes Brothers	1661- Good Hope	Rd SE DATE	JUN 5 '58 (20)	1 //

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely fittled in by the space page 3 shauld be resorbed for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be registrar prior to buriol, cremation, ar removal, and in any event within 72 hours offer. death. VS A15 (4) ISM 9/55



e. IS RESIDENCE ON A FARM? YES NO K

S.

Year

PERFORMED? YES NO

(State)

(County)

Pittsburgh

24b REGISTRAR'S SIGNATURE

19 58

**ADDRESS** 24o REC'D BY REGISTRAR Chambers Co 5801 Cleve. Ave. DATE JUN 4 REMITER TO SERVICE

22c. NAME OF CEMETERY OR CREMATORY

Unknown

0 VS A15 (4) 15M 10/57

DIRECT

FUNERAL

shauld

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Removery)

23 BRETANDERECTOR'S SIGNATURE

220. BURIAL, CPEMATION, 22b. DATE THEREOF

Aaron Deitz

6-2-158



### FOR STATE HEALTH DEPT.

EXECUTY MEDICAL ELAMINER: This certificate should be exempted within 24 haurs ofter Heath. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farm, 31 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages—Land 2 with the State Boar. Health, or its designated agent, prior to burial, cremation, ar removal, and in any every within 72 hours after death.

VS. A15ME

5M 2 57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07163

							Keg. Dist.	Petr,
PLACE OF DEATH				2. USUAL RESIDENC	E (Whare decease	d lived If institu	ulion: Ras dence	before admission)
o. COUNTY	Prince Geor	268	MARYLAND	o. STATE Ma	ryland	b. COUNT	Pr. G	
b. CITY OF TOWN I	f aphide corporate limits, write \$		IGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corpo	orate limits, write	RURAL and giv	re nearest fown)
and give nearest tow	rdale	17	vear	√ Be	ltsville			
	TAL OR INSTITUTION (IF		W	d STREET ADDRES				. IS RES DEN E
Leland M	emorial Hosp	ital		11702	Emac Ro	ad		YES NO
3. NAME OF DECEASED	First		Middle Lul	Losi	4 DATE OF	Mani	h 0	Day Year
(Type or print)	John	Jos	eph ᅒ	ggy, Jr.	DEATH	June	11	19 58
5. SEX	6 COLOR OR RACE 7	MARRIED 1	NEVER MARRIED 3	DATE OF BIRTH		9 AGE (In years loss by thiday)		AR IF UNDER 24 HRS
Male	White	WIDOWED [	DIVORCED [	11-11-21		36 yrs.	Months Day	Haurs Min
10a, USUAL OCCUPATI	ON [Give kind of work do	ne 105 KIND OF	BUSINESS OR INDUST	RY 11 BIRTHPLACE (S	lota or foreign ca	uniry)	12. CITIZEN	OF WHAT COUNTRY
Broker	ng lifa, even if retirad)	Real	Estato	Maryl	iand		U.	.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDE	IN NAME			
John	Joseph I	THEF LA	by		Margaret	E. Nes	7	
	VER IN U. S. ARMED FORCE	ESP TIE SOCIAL	SECURITY NO. 17 II	NFORMANT	They Car o	Address		
(Yes, no. or unknown)	(II yes, give war or dates at ser		<u>4-8816</u> м	argaret E.F	Coberts	same ad	dress as	s # 2.
THE CAUSE OF DE	ATH Enter only one couse	The state of the s	w the title of the	101111			T	NIERVAL SELWEEN
	ATH WAS CAUSED BY	, , , , , , , , , , , , , , , , , , , ,			beaut Co	A Trema	C	HTASO DIA TERNO
	IMMEDIATE CAUSE (a)		Acute	congestive	Mear. C 18	TTTM.e		
	DUE TO			_				
Canditions, if			Cardio	vascular re	enal disc	ere		
(a), stoling the	3 OHE 70							
couse last.	) (c)_							
PART II. OT	HER SIGNIFICANT CONDI		TING TO DEATH BUT N	IOT RELATED TO THE TE	ERMINAL DISEASE	COND HON GI	VEN IN PART 1(c	PERFORMED?
3 E	bronchial ast	·						YES NO
PART II. OT  E  200. EXTERNAL CALL  PRIMARY D of CO	USE WAS ONTRIBUTING []	DESCRIBE HOW	INJURY OCCURRED (E	ntar nature of injury in	Fart I ar Fort II a	of item 18.)		
		20d INJURY	OCCHERED TOO BLA	CE OF INJURY (Home,	form 1206 (City)	or lowel	{County}	(State)
20c. TIME OF INJU		Whila I	Nat while facts	ary, street, offica bldg.,	efc.)	0. 1011.	(Coonly)	(310/4)
			of work					
21. L certify	hot I took charge	of the remoir	ns described abo	ve, held on Auto	opsy [], In	spection 🚾	Inquiry	<b>Z</b> , ond in my
opinion death	resulted from: N	otural couses	Accident [	, Suicide [,	, Homicide	, Undete	ermined mor	nner 🔲
		. 1						DATE SIGNED
SIGNATURE	Lehm J.	Malo	ser-	M.D. CHIEF MEDICA	L EXAMINER			DATE SIGNED
		11124	1	ASSISTANT ME	DICAL EXAMINER			
NAME (Type)	John T. Malor	ney, M.D.		DEPUTY MEDIC	TAL EXAMINER	r Jun	e 11, 1	.958
220 BUR AL CREMAT MEMOVAL ISOSCIE ALL'LL			ME OF CEMETERY OR	CREMATORY,	14 - NUCL	Canal (	Pr. De C	G. Md.
23 FUNERAL DIRECTO	R S SIGNATURE	A	DORESS	1 240 5	No.		ISTRAR'S SIGNA	TURE
J. Citty Lins	Way 254 (	arrul	Mr. n. W.	W.C. DATE	JUN 1 3 '	58   U	I feduce	in



VS A15 (4)

15M 9/55

e. IS RESIDENCE ON A FARM? YES NO

Yeor

19.5

Dav

IF UNDER I YEAR OF UNDER 24 HRS

Days

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES TO NO TH

40 meen

(State)

DATE SIGNED

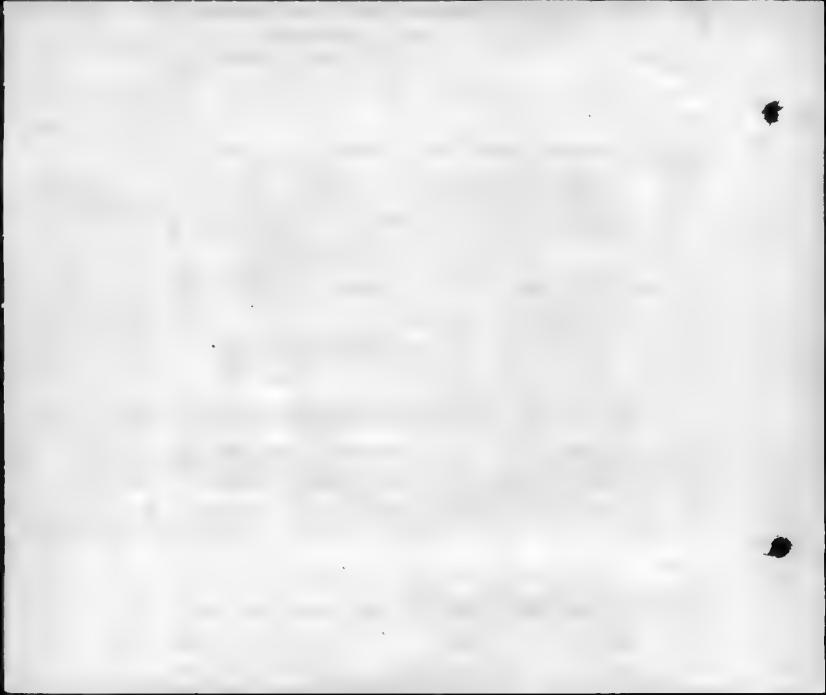
12. CITIZEN OF WHAT COUNTRY?

Rea. Dist. No.

Months

240. REC'D BY REGISTRAR 20

24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

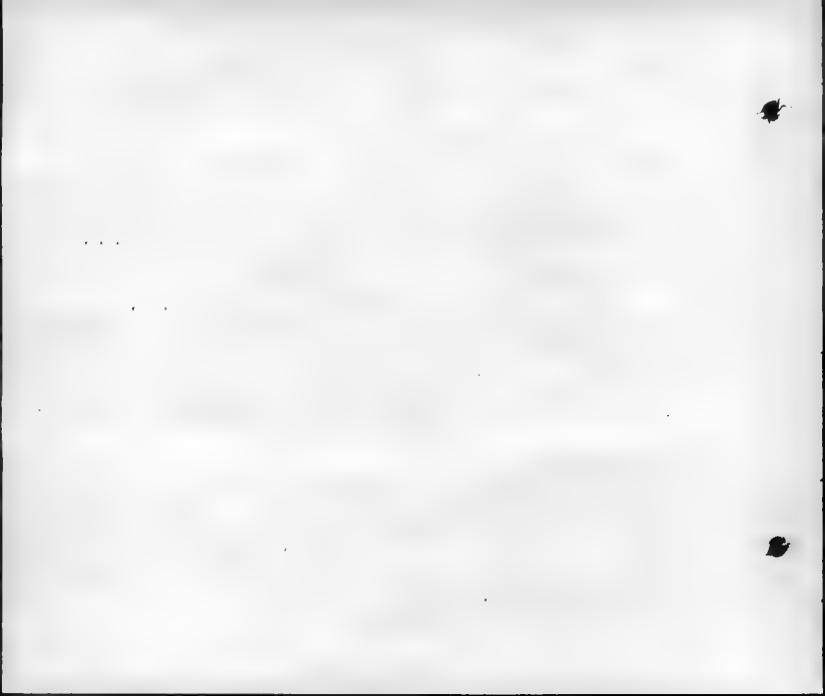
CERTIFICATE OF DEATH

07166

	7150		92171			•		Reg. Dist. N	ło.	
1. PLACE OF DEATH 6. COUNTY Prince	Georges		MAR	YLAND	2. USUAL RESIDENCE (WHO STATE Maryland	nere decease	b. COUNTY			
b CITY OR TOWN RURAL ond give	(If outside corporate limits, v nearest town)	vrite c. LE	NGTH OF STAT	ļļ.	c. CITY OR TOWN (If o		orote limits, write Ri	JRAL and give s	nearest town)	
Cheve	rly		1 D	ay	5. Upper Mar	TDOLO				
OR INSTITUTION	ITAL (If not in hospital, give				d STREET ADDRESS				e. IS RESID	FARM?
. NAME OF	First		Middle		Lost	4. DATE				
(Type or print)	Carrie		Wildon		kall		June 27	In	Day Ye	<b>5</b> 8
S. SEX	6. COLOR OR RACE 7.	MARRIED [	NEVER MARR		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
Female		DOWED 🔼			12-7-87		John yes	Months Day:	s Hours	Min
Oo. USUAL OCCUPAT during most of wo	ION (Give kind of work done orking life, even if retired)	10b KIND	OF BUSINESS (	OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign o	country)		OF WHAT C	OUNT
		Don	restic		Md.			U.S	eA.	
3. FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME				
	Unknown				Unknown	1				
S WAS DECEASED EV	ER IN U.S. ARMED FORCES		L SECURITY NO	17, IN	FORMANT		Addr			
•			30081	5 Hor	ace Owen, U	pper	Marlboro.	Md.		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]										WEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Dury coal Show he									NSET AND D	DEATH
570 ) DUE TO										-
Conditions if any which ) Magantowia Thrombook									01 1	
gove rise to immediate DUSTO									24 hou	rs,
couse (a), starting the under									24 how	rg.
PART II O	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY									
3									PERFOR/	WED?
OR CONTRIBUTIN	AS UNDERLYING TO 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE I	HOW INJURY C	CCURRED	(Enter nature of injury in f	Part I or Par	rt II of item 18.)			
		20d. INJURY	OCCURRED	20e PLAC	E OF INJURY (Home, form	20f (Cit	y or lown)	(Count	y)	(State
Hour om,			Not while	Yacio	ry, street, office bldg., etc.	1				
					10 46 15	_!	<del></del>			
alius as	hat I attended the de	reased in	om. June	26	<sup>, 17</sup> 58 <sup>10</sup> - <del>-J</del> u					
alive an		1204-	, and that	degin (			m the causes a itreet, city or town, :			
ACTUAL	Jath. (P)	1.71/			/ 2. s . l	MINIMESS (2	ireer, City or fown, s	itole]	DAT	E SIG
SIGNATURE	2	vay L			0 2 30 4	<u> </u>	with the first	mild ! IL		600
PHYSICIAN'S DE	avid Watkins,	Md.			Bear	(L-0	burg	36 71		
	ON, 225. DATE THEREOF	22c.	NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, Town, o	r county)	(State)	
KEMOVAL (Specify	6-30-5	8 2	Inion'	met	hodist	Upr	Da - Ma	rlhav	a Mi	d.
JUNERAL DIRECTO			ADDRESS			D BY REGIS		TRAR'S SIGNAT	URE	- J
Mylle	V. Koll	us.	43397	tunt	PC 78 DATE	4 100	h /			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by 12th haspital or attending physician.

O FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the final director, page 3 should be defached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shall be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hourselfer death. may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57



y, please r. Page files. Health,

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07167

	- x	1710						Reg. Dist. No.	
	LACE OF DEATH			physical section for publication Code	2 USUAL RESIDENCE	(Where deceased I	lived H institutio	n- Residence befo	re odmiss on)
1	. COUNTY Pr	ince Geo	rges	MARYLAND	o. STATE Mary	land	P CONNIA	Pr. Geo	
b	CITY OR TOWN (II o	utside carporate I m h, wr	to EUFAL	c LENGTH OF STAY IN 16	E. CITY OR TOWN	If outside corporo	de limits, write RU	RAL and give nec	prest town)
		attsvill	.e	1½ years	, Hyat	tsville	9		
0	. NAME OF HOSPITAL	OR INSTITUTION	(if not in hosp	olal, give street address)	d STREET ADDRESS				ON A FARMS
	1300 N1	cholson	Stree	t Block	1304	Nichola	son Str	eet	YES NO
3, 1	NAME OF DECEASED	Fa	rst	Middle	Lost	4 DATE	Manth	Doy	Yeor
	Type or print)		rge		ntzouris	DEATH		27,	1958
5. S			7. MARRIE	D NEVER MARRIED 1		. 1	met burtheless)	UNDER TYEAR 1	Hours Min
	fale	white	WIDOWED		June 10, 1	.954	4 yrs "	ionins Doys	riours   Min
100	USJAL OCCUPATION Dring mortung	I (Give kind of work life, eyen if retired)	done 10b K	IND OF BUSINESS OR INDUST	RY   11 BIRTHPLACE (Stol	e or foreign count	try)		WHAT COUNTRY
	пиппип	***		****	Washing	ton, D.	C.	U.S.	A.
13	FATHER'S NAME				14 MOTHER'S MAIDEN				
		George M				yn Cast	w .		
	WAS DECEASED EVER	R IN U.S. ARMED FO If yes, give wor or dotes of	PRCESP 16. S	SOCIAL SECURITY NO. 17. 1			rlingto		
					Thomas Cae	tle; le	505 s.	28th St	
	18 CAUSE OF DEATH		use per line f					INTERV.	AL BETWEEN AND DEATH
V	PAKE I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (o	)	Hemorrhage	and shock				
	1100	DUE TO		-					
	Conditions, if on		)	Trauma, mu	ltiple and	severe	3		
	(a), stoting the ur								
	Couse lost.		1	A TANDETTO TO DE TENTA			tion.		
FICATION	PART II, OTHE	K SIGNIFICANT CON	ADITIONS CO	NTRIBUTING TO DEATH BUT N	OF RECAIED TO THE TER!	M MAEDISEASE CO	DINDITION & YEN	, ,	PERFORMED?
Z.	20n FYTERNIAL CALLS	F WAS In	Nh Descoipe	HOW IN IL BY OCCUPATED A	nter active of	al Las Brail of		YE	5 NO 🛣
EET	200. EXTERNAL CAUS PRIMARY TO OF CONT CAUSE OF DEATH.	RIBUTING 🗆	Body	run: over by	_				
ALC	20c. TIME OF INJURY	Month, Doy, Ye		ATHE DA OLE TO SON SITE				(Cau-ti)	10
MEDICAL	Hope om		While	Not while fact	ory, street, office bldg , et	c.)		(County)	(Stote)
×		6-27-58"			cant lot	Hya	ttsvill	e, Pr.	
				emains described obo					and in my
	opinion death r	esulted from.	Natural c	ouses []. Accident	XI, Suicide [],	Hamicide	J. Undeterm	ined monner	
	ACTUAL V	1 -	200-1	1	CHIEF MEDICAL	CVALUED FT			DATE SIGNED
	SIGNATURE -	Bon )	mia	wher   -	_M D. CHIEF MEDICAL I		1		
	EXAMINER'S JO	hn T. Ma	loney	. M. D.	DEPUTY MEDICAL	CAL EXAMINER (		27, 19	58
220	BURIAL, CREMATION	1. 226 DATE THERE	OF/	220 NAME OF CEMETERY OR	CREMATORY	228 LOCATION	V (City, toyfr, or e	(vinuos	(Stote)
	Bural	6/28/	156	Denwor	el Jim	Lua	re4	10	
23	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS 575	2 12 240 REC	D BY REGISTRAR	246 REGISTR	AR'S SIGNATURE	
				1/3		11 1 '58		- 3	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certifiere, writing the ward "pending" in pendin 18. Give Pages 1, 2, and 3 to the funeral did a should be for led to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIR. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Badical is designated agent, prior to burial, cremoting, and in our event within 72 hours after death. **VS. A15ME** 

5M 2/57



* 100	CERTIFICA	AIE OF DEAIR	Reg. Di	st. No.
PLACE OF DEATH o. COUNTY  Prince George	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceosed lived If institution Resider b. COUNTY Princ	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)
Cheverly	26 days	W. Hyatts	sville	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d STREET ADDRESS	7 7 12 7 10 0	e IS RESIDENCE
Prince George General Ho	spital	1903 011	ver Street	ON A FARM? YES NO-F
NAME OF First DECEASED (Type or print (Pete) Pietro	Middle .	Los Marinari	4. DATE Month OF DEATH Jung	Day Yeor 10 1958
. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		LYEAR IF UNDER 24 HRS.
Male White WIDOWE		6-9-76	lost birthday) Months	Days Hours Min
o. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired) Sho	KIND OF BUSINESS OR INDU emaker	STRY 11 BIRTHPLACE (Stote Italy		S. A.
L FATHER'S NAME		14 MOTHER'S MAIDEN N		
Anten Antoneo N	larinari	mari	ia Sardini	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  (If yes, give wor or dates of service)		informant argaret A Bar	tley & Hyattsvill	Le Md.
18 CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c),1			INTERVAL BETWEEN
CARTA DESTRUCTOR CALVERD DO	BRONCHO,	ONCUMEN	21 44	ONSET AND DEATH
11:11:11	7	PIC CINION	178	4 week.
Conditions, if ony, which )	MOSENTOI	uce Thro	mbosis	2 week
Q Q V 8 FIRE TO IMMEdiate	7 25 275 7 27	270		a accep
couse (a), stoting the under-				
, (-)	ONTRIBUTING TO DESTU BUT	LANGE OF LATER TO THE TOWN		
PART II OTHER SIGNIFICANT CONDITIONS CO	DINIK BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	20107 11/2011 11/2012 201071			YES NO 12
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	Not while for	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.	20f (City or fown)	County) (State)
21. I certify that I attended the decease	dfrom 5/1/2	. 1958 ta	1/10 105 Bitant	last saw the deceas
alive on 6/10 195	-(1		M, from the causes and an I	
	- dily illust dedit		DBRESS (Street, city or lown, state)	ne aate statea abay DATE SIGN
SIGNATURE MANNEY OF	w/ Junes	35036	Leaves It.	6/10/
PHYSICIAN'S WORMAN DONN	AT POMER	a cutil	aimer m L	
REMOVAL (Specify) C / 2 4 / E O	27c. NAME OF CEMETERY O		22d LOCATION (City, town, or county)	(State)
Burial 6/14/58	Mt Olivet Co	emetery	Washington D. C.	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g REC'D	BY REGISTRAR 246 REGISTRAR'S SIG	SNATURE

24a. REC'D BY REGISTRAR

DATE JUN 1 G 158

246 REGISTRAR'S SIGNATURE

Hyattsville Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by the haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be deloched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shalther registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A1S (4) 1SM 10/57

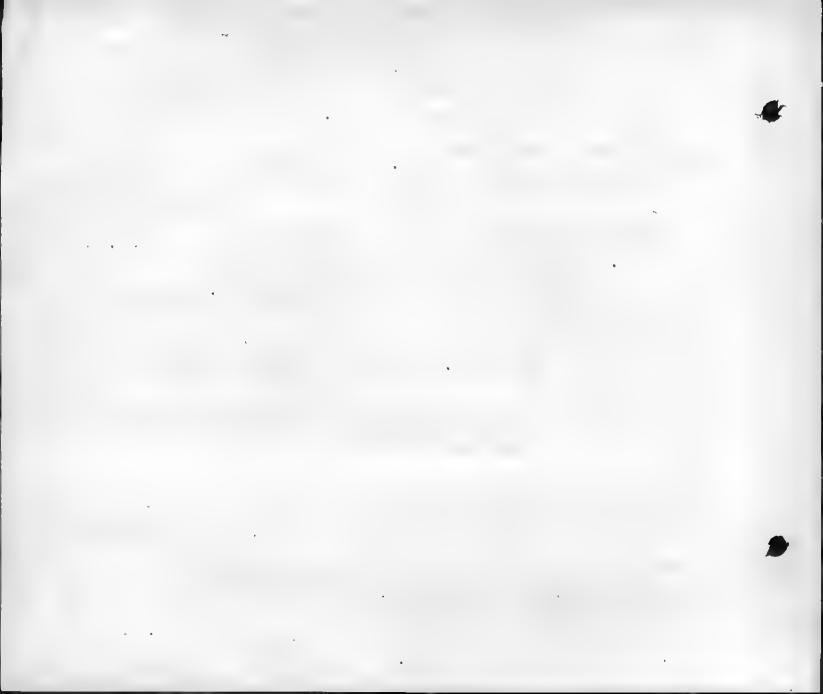
ol director,

777

0

F. Gasch's Sons

Poge 4



A

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 715MEDICAL EXAMINER'S CERTIFICATE OF DEATH

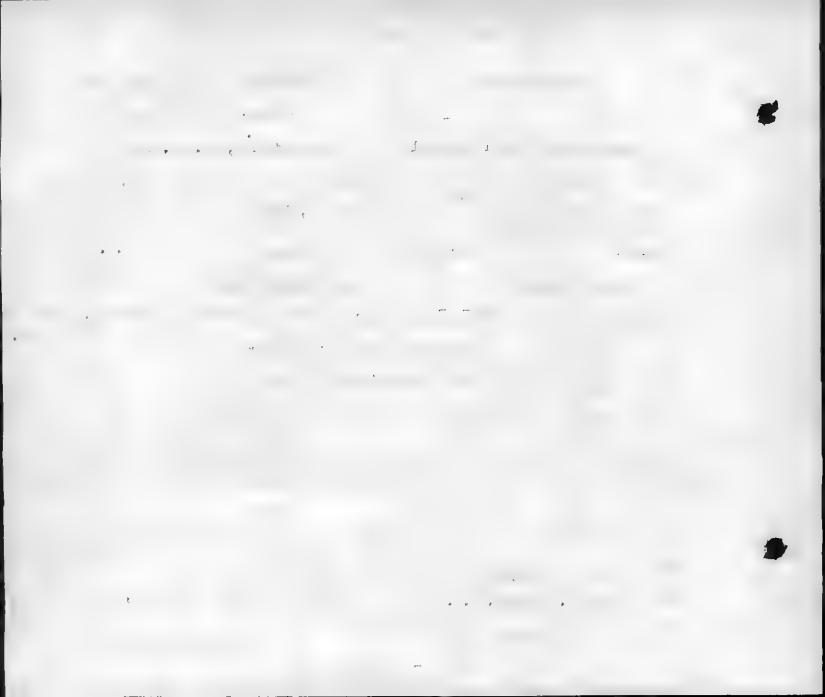
07169

	Reg. Dist. No
o. COUNTY a. STATE Ken	(Where deceased Lived. If institution. Residence before admission) b COUNTY (WS Lev
	Y (If autside carparate limits, wrste RURAL and give nearest lawn)
	Merick Booneville (Rural)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRES	
Prince Georges General Hospital Walker	TES NO
B. NAME OF First Middle Lost DECEASED	4 DATE Month Day Year
(Type or print) Irvine Marshall	DEATH June 17, 1958
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 0. DATE OF BIRTH	9 AGE (In years   IF UNDER TYEAR IF UNDER 24 HKS
Male white WIDOWED DIVORCED July 19, 1	L905 53 yrs Menths Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (S during most of working life, even if retired)	tote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14 MOTHER'S MAIDE	U.S.A.
	Beard
15. WAS DECEASED EVER N. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT	na Stone Address
(If yes, give war or dates at service)	
18. CAUSE OF DEATH [Enter only one course per I no for (o), (b), and (c) }  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Acute congestive heart f:	11908 Colesville Road, Beltsvil
Weare care a mark of the	
DUE TO	
505 10	
Conditions, if ony, which gove rise to immediate cause (b) Cardiovascular renal disc	
Conditions, if ony, which (b) Cardiovascular renal disc	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying DUE TO	9480
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost (c)	ERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOTE
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELEPHONE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year 20d, IN, URY OCCURRED 20e, FLACE OF INJURY (Home,	Port i or Port (I of item 18)  Form. 20f (City or town) (County) (State)
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE PRIMARY II or CONTRIBUTING II  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II  CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in factory, street, office bidg., White Not white factory, street, office bidg.)	Port i or Port (I of item 18)  Form. 20f (City or town) (County) (State)
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying course tost  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO TH	Port i or Port II of item 18 )  Form. 20f (City or town) (County) (State)
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELEPHONE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II  CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in the contribution of th	Part I or Part II of Item 18 )  Form. 20f (City or town) (County) (State)  Part I, Inspection I, Inquiry I, and in my
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE PRIMARY or CONTRIBUTING (C)  200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING (C)  CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year White of work of work of work of work of work of work.  21. I certify that I taok charge of the remains described above, held an Auto opinion death resulted from: Natural causes . Accident . Suicide .	Port i or Port (I of item 18)  Form. 20f (City or fown) (County) (State)  Popsy , Inspection , Inquiry , and in my  Homicide , Undetermined manner
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  201. Time OF INJURY Month, Doy, Year of work of work of work of work of work of work.  202. Time OF INJURY Month, Doy, Year of work of work of work.  203. Time OF INJURY Month, Doy, Year of work of work of work.  204. INJURY OCCURRED (Enter nature of injury in factory, street, office bidg., of work of work.)  205. Time OF INJURY Month, Doy, Year of work of work.  206. PLACE OF INJURY (Home, factory, street, office bidg., of work.)  207. I certify that I laok charge of the remains described above, held an Auto opinion death resulted from: Natural causes.  208. Accident Suicide,	Port I or Port II of Item 18 )  Form. 20f (City or Iown) (County) (State)  Popsy , Inspection , Inquiry , ond in my
Conditions. If ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in Follow). The primary of CAUSE OF INJURY (Home, Maile of work of work of the work of the course of the remains described above, held an Auto opinion death resulted from: Natural causes . Accident . Suicide . ACTUAL SIGNATURE . ACCIDENT MAD CHIEF MEDICA ASSISTANT ME	Port i or Port (I) of item 18)  Form. 20f (City or town) (County) (State)  Posty, Inspection, Inquiry, and in my  Homicide, Undetermined manner
Conditions. If ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in Fociory, street, office bidg., of work of otwork of otwork of otwork of otwork.)  21. I certify that I taok charge of the remains described above, held an Auto opinion death resulted from: Natural causes . Accident . Suicide . ACTUAL SIGNATURE . ACCIDENT MEDICAL ASSISTANT ME DEPUTY MEDICAL CREMATION, 1726. DATE THEREOF . AMAGE OF CEMETERY OF CREMATORY.	Port i or Fort II of item 18)  Form. 20f (City or fown) (County) (State)  Popsy , Inspection , Inquiry , and in my Homicide , Undetermined manner  L EXAMINER DICAL EXAMINER
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TREE CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year White Not while of work of work of work of work of work of work opinion death resulted from: Natural causes . Accident . Suicide . ASSISTANT ME STANTARE (Type) John T. Maloney, M. D. CHIEF MEDICA ASSISTANT ME DEPUTY MEDICAL SPECIAL CREMATION, 27b. DATE THEREOF . 120c. NAME OF CEMETERY OR CREMATORY	Port i or Port (I of item 18)  Form. 20f (City or town) (County) (State)  Possy, Inspection, inquiry, and in my  Homicide, Undelermined manner  DICAL EXAMINER  DICAL EXAMINER  DICAL EXAMINER  DICAL EXAMINER  AL EXAMINER  22d LOCATION (City, town, or county) (State)
Canditions. If ony, which gove rise to immediate cause (a), stating the underlying (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO COUSE (b)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in CAUSE OF DEATH.  201. TIME OF INJURY Month, Doy, Year Hour e. m., p. m. 19 of work opinion death resulted from: Natural causes . Accident . Suicide . ASSISTANT ME EXAMINERY SIGNATURE DEPUTY MEDICAL SI	Port i or Port II of item 18)  Form. 201 (City or fown) (County) (State)  Port   March   March

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for profit is 15.

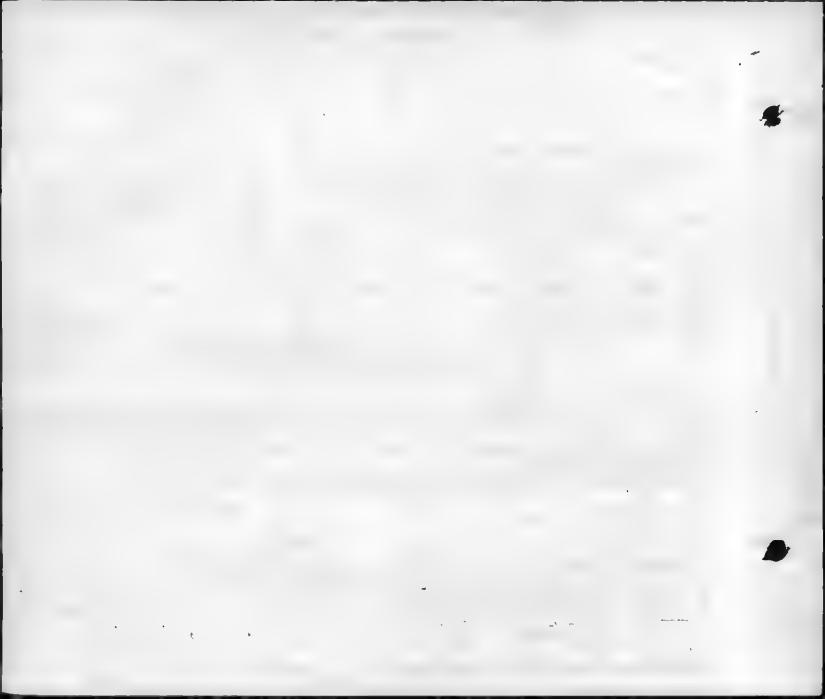
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord Health, are remayal, and in any event within 72 hours after death **VS. A15ME** 5M 2.57

2



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 7 1 71 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) g COUNTY filed h COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION E. IS RESIDENCE ON A FARM? YES NOT NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 193 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) FUNDER 1 YEAR IF UNDER 24 HRS completely Months Dovs Hours WIDOWED A DIVORCED [ papers. YIS. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY death. pup carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address guip 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET-AND DEATH P permit. ony Conditions, if any, which signed gove rise to Immediate DUE TO couse (a), stating the underlying couse lost, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY removal, PERFORMED? 0 YES NO F 20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item IB.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stole) Hour a. n. foctory, street, office bldg . etc.) While Not white 19 at work of work 21. I certify that Lattended the deceased from ... 1958, that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. **ADDRESS** (Street city or town, state) DIRECT Id be ACTUAL PHYSICIAN'S FUNERAL 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMICIVAL (Specify) Arlington National Myer. Virginia 0 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the foneral director. Page 4 should be fared to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the standard for the Funeral DIRE FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, at its designated agent, prior to burial, cremation, or remaind and in any event within 2 hours ofter death.

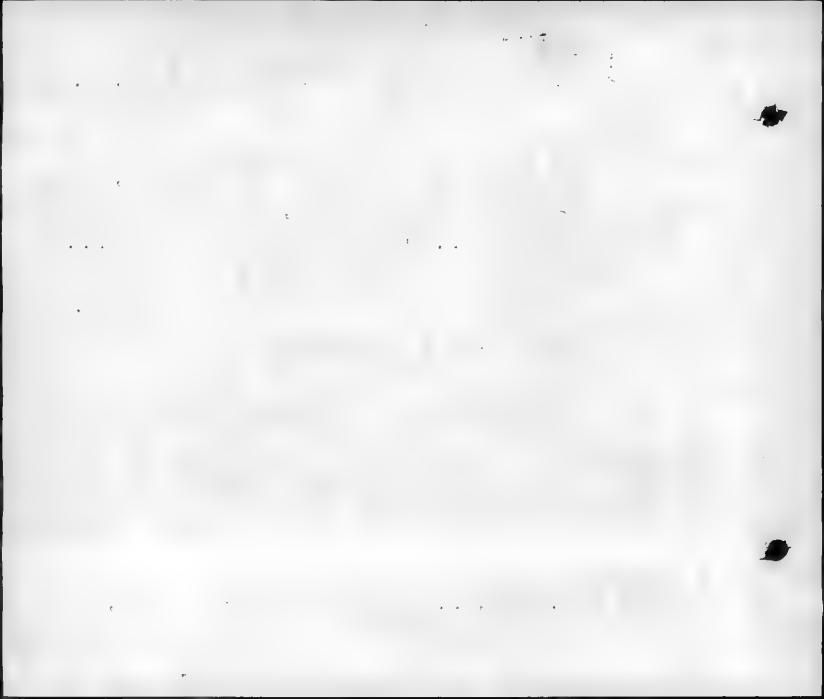
I

VS ATSME 5M 2-57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

071	7	1
-----	---	---

7	7206				Reg. Dist. No.
	1. PLACE OF DEATH		2. USUAL RESIDENCE	Where deceased lived. If institution	n Residence before admission)
	o. COUNTY Prince Georges	MARYLAND	o. STATE Mary	and b. COUNTY	Pr. Geo.
	b CITY OR TOWN (if auti-de corporate iim ts. write RUR)	c. LENGTH OF STAY IN 16		If ouls de corporate timits, write RU	RAL and give nearest town)
)	and give heares fown) Tuxedo	h years	Tuxed	lo	
	d NAME OF HOSPITAL OR INSTITUTION (if not		d STREET ADDRESS	10	Te IS RESIDEN T
	2110 57th Avenue		2110	57th Avenue	ON A FARM?
	3 NAME OF First	Middle			
	DECEASED	- ·	Lott	OF	Doy Year
- }		general to make an army to become	DATE OF BIRTH	0 0420	22, 19 58
	- 1 4 1	DIVORCED T		fort brinday)	onthe Days Hours Min.
	Female 17/17-7- WIL		January 1,	1905 53 yr. M	In Children of Market Co. Burn
	during most of working life, even if retired)			e or toteign country)	12 CITIZEN OF WHAT COUNTR
)	Clerk	U.S.Gov't	New York		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
	Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES		1000	lknown	_
	[Yes, no. or unknown]   [If yes, give war or dates of service	1	FORMANT	Address	- 1 P 1
	No		ouis McConne	11; 3312 Manorwo	od Drive.
	18. CAUSE OF DEATH [Enter only one couse po	er line for (a), (b), and (c).]			INTERVAL SETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute congestive	heart fail	ure	
Н	T F DUE TO				
	Conditions, if any, which) (b)	Cardiovascular r	renal diseas	ie	
	gave rise to immediate cause Que TO				TO A TO THE PROPERTY OF THE PR
	enuse lost. (c)	· · · · · · · · · · · · · · · · · · ·			
	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERA	MINAL DISEASE CONDITION GIVEN	
	5				YES NO X
	PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  200. EXTERNAL CAUSE WAS 20b DE PRIMARY 0 or CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED (En	ter noture of injury in Po	ert f or Port It of item 18 )	sacride and sacride
	- 1				
	3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 200 PLAC	E OF INJURY (Home, for	m, 120f. (City or lown)	(County) (State)
	20c. TIME OF INJURY Month, Day, Yeor Hour e.m.	While Not while factor of work of work	ry, street, office bldg., et	6)	
	21. I certify that I took charge of		e, held on Autop	sy , Inspection .	Inquiry 1, and in my
	opinion death resulted from. Nato		_		ined manner
	A 1	A A		Translette [], Onderenn	med mainer []
	ACTUAL COMMO D W	1 = 1 = 20 = =	CHIEF MEDICAL E	EXAMINER (T)	DATE SIGNED
	SIGNATURE TO THE	all very	ASSISTANT MEDICALE		
Ž.	NAME (Type) John T. Malo	35.70	DEPUTY MEDICAL		- 00 300
	220 (BURIAL X CREMATION, 1225 DATE THEREOF	274 NAME OF CEMETERY OR C		22d LOCATION (City, fown, or c	e 22, 1958
	REMODERAL (Speech)	TE JA D I	. / /	CILLET IN COUNTY, TOWN, OF E	Ounty)  711 - [Store]
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	144 050	D BY REGISTRAR 246 REGISTRA	APIS SIGNATURE
	1:00 Fire 11	2 11.1 00	111		~ /
	HEE, UNEKAL HOULD	5. 300. 4th SI.	V. E DATE IL	IN 25 '58 1 800 (	Auth





1

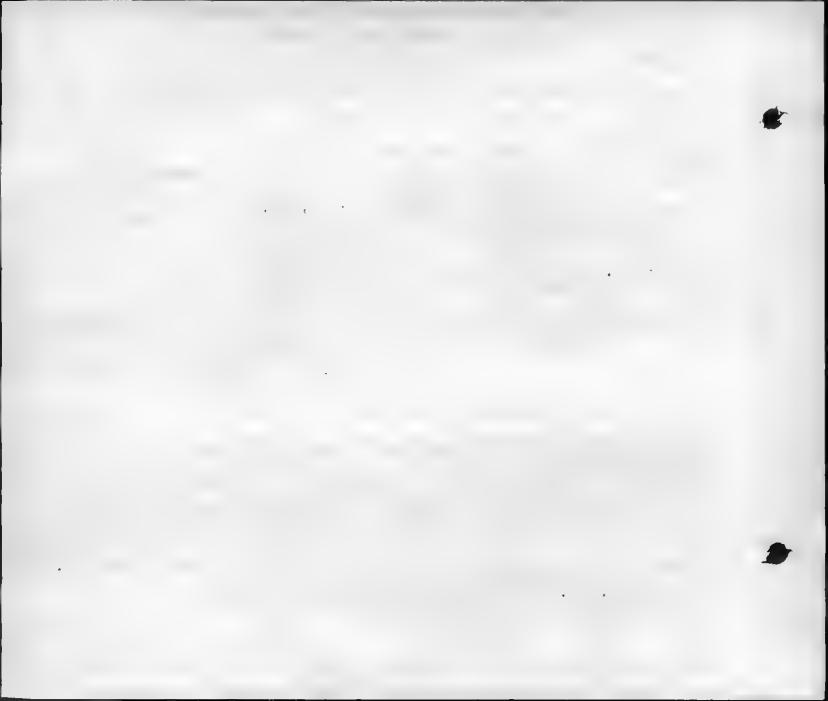
07173

CERTIFICATE OF DEATH 7150

Reg.	Dist.	No.

	j.	700						Reg. Dist. N	lo.	
1. PLACE OF DEATH 0. COUNTY Prince	George		MARYL	AND	2 USUAL RESIDENCE (Who A STATE Maryland	ra decease	d lived. If institution b. COUNTY	nı Residence be		*
b. CITY OR TOWN (II RURAL ond give ne Laurel	outside corporate limi orest town]	ls, write	c. LENGTH OF STAY IN	V 1b	Laurel //	tside corpo	prote limits, write RU	JRAL and give i	nearest to	wn)
OR INSTITUTION	At (if not in hospitel, g		oddress)		Box 428 Mon	trome	w Pood		ON	RESIDENCE I A FARM? NO TO
				- 11					713	
3. NAME OF DECEASED (Type or print)	Fir <b>Nin</b>		Middle		Moore	4. DATE OF DEATH	Mont		26	Yeor 19 <b>58</b>
5. SEX Female	6 COLOR OR RACE White	7. MARR	ED DIVORCED		March 17, 18	97	9. AGE (in years lost birthday) 61 yrs	Months Doy		
10a. USUAL OCCUPATIO	N (Give kind of work and life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stole o	r foreign c	ountry)	12. CITIZEN	1 40	AT COUNTRY
Retired 13. FATHER'S NAME					Maryland  14 MOTHER'S MAIDEN NA	LMF.		- (	<u> </u>	
Joseph H	. Moore				Ella Beal					
15. WAS DECEASED EVEL	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 IN	FORMANT		Addr	PSS .		
(THI. NO. OF UNENDWA)	If yes, give war or dates of s	HTTP:	0		Hospital Re	cords				
Conditions, if or gove rise to it couse (a), stating lying cause lost  Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	TH WAS CAUSED BY, IMMEDIATE CAUSE (o DUE TO TY, which In mediate the under.  (c)  LER SIGNIFICANT CON CC S UNDERLYING CON CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW THJURY OCH	CURRED PLACE	GE OF INJURY (Home, form, ory, street, office bldg, etc.)	ort I or Par	t It of item 18 )	036 C	PER YES [	AUTOPSY FORMED
21. I certify halive on	ot/I attended the	decease 12		58death	accurred at	M, frai DDRESS (S	n the causes a treet, city or town, s	nd on the c	date sta	
270 BURIAL CREMATION REMOVAT (Specify)	June 29	195	22c NAME OF CEMET	ERYOR	( Cem	La	TION (City, town, o	TRAR'S SIGNAT	d,	lole)
De Wit	Ellan	eld	for face	nel	DATEJUL.			educen	URE	

VS A15 (4) 15M 9/55



# FOR STATE HEALTH DEPT. . Page files. Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certified, writing the word "pending" in pendi in 18m 18. Give Pages 1, 2, and 3 to the funeral dire for Page 4 should be forw. 4 should be forw. 5 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a files. TO FUNERAL DIRECTOR: Page 3 should be used as a burioh-transit permit. File pages 1 and 2 with the State Baaria. Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 haurs after death. M

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	COUNTY OF TOWN If outside corporate Loris, write REAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN III outside corporate Loris write RURAL and niver negretal lown)
	city or town (It or town (It or town)  Charles DOG  C. CITY OR TOWN (It or town)  Charles DOG  C. CITY OR TOWN (It or town)  Charles DOG  C. CITY OR TOWN (It or town)
	I Muce Serges Cen- Hospital (If not in hospital, give street address) 6/1/3 - Kemburth are YES   NO 1/2
	NAME OF Corprint (Type or print) Ratherne Martha Manningston DEATH June 21- 1958
5. 5	emale White WIDOWED   DIVORCED 13 - 9 - 94 64 yrs. Months Days Hours Min
9	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?  WASHING life, even il retired)  14. MOTHERS MAIDEN NAME
15.  Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? AS SOCIAL SECURITY NO. 17 INFORMANT 194 O3-69 Dryhatan Rd-
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART !, DEATH WAS CAUSED 8Y  IMMEDIATE CAUSE (o)  Jembrula CL 8 shock
	Conditions, if ony, which gove rise to immediate couse (b) DUE TO  Cause last.  (c) Stating the underlying (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING [ 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 10) CAUSE OF DEATH.
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 202 PLACE OF INJURY (Home, form, 201 (City or town) (State)  How o.m. 6-21- 1957 of work of w

MEDICAL 20c. TIA 10.2 21.1 opinion death resulted fram: Natural couses . Accident . Suicide . Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

Prospect Hill Cemetery

EXAMINER'S NAME (Type) 220. BUR.AL CREMATION CEMETERY OR CREMATORY

6/24/58

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22d LOCATION (City, lown, or county)

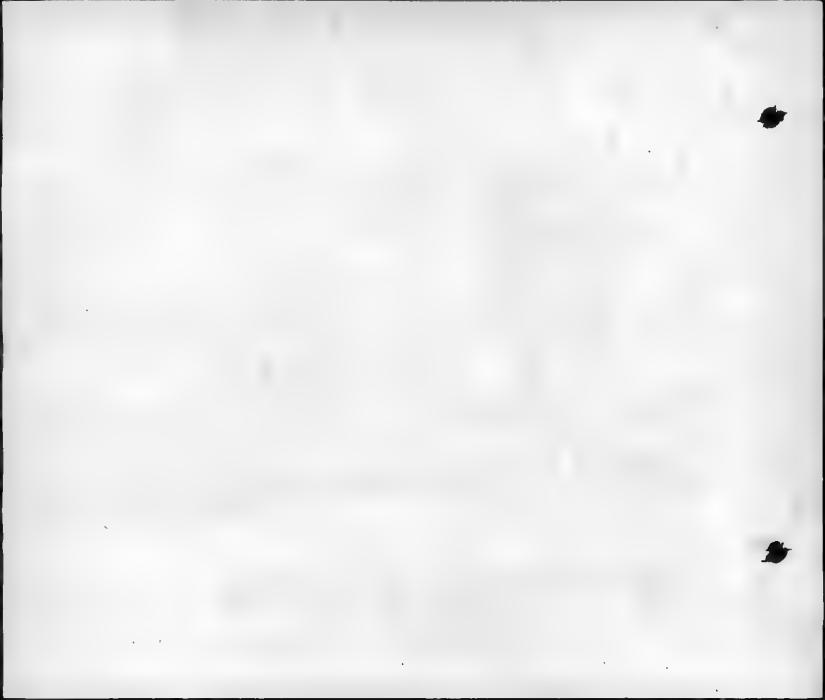
(State)

23 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

ADDRESS Hyattsville Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

Washington D. C.

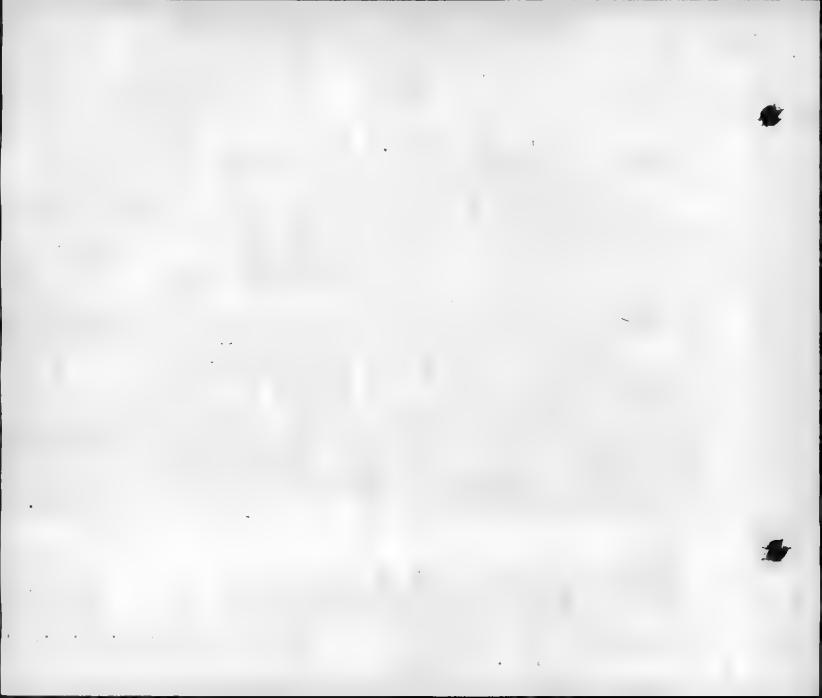
VS A15ME 5M 2.157



1 12 5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 horms often Booth. If may during it macessary, please execute the certificate, writing the mand "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page in

5M

1 12	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STATE	7158 EDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist ().7175
ALTH DEPT.	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss or )
	Prince George's Maryland 6. COUNTY Prince George
E # /	b CITY OR TOWN (If outside corporate in its write RURAL and give negret) town)  ond give negret town)
	Cheverly 3 days Forestville
to 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   STREET ADDRESS  ON > FARM
	Prince George's General Hosp. 7601 Walter's Lane
Stati	3. NAME OF DECEASED First Middle Lost . 4. DATE Month Doy Year
9.2.5	(Type or print) Theodore Elridge Mullikin DEATH June 9 1958
in the same of the	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  9. AGE (In your lost birthday)  Months Doys Hours Min
2 × 20	Male   White   WIDOWED   DIVORCED   March 7. 1911   47 yr   WILLIAM   WIDOWED   March 7. 1911   47 yr   WILLIAM   WIDOWED   WIND   WILLIAM   WIDOWED   WIDOW
72 T	10a USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fore on country)  12 CITIZEN OF WHAT COUNTRY?
- 元	Car repairman   Washington terminal Maryland   U.S.A.
P. See	13. FATHER'S NAME
E do	Elmer Randolph Mullikin Maude Whittington
Fill Fill my e	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mullikin, same as # 2
FEE	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )
per d	PART I. DEATH WAS CAUSED BY:
25.50	IMMEDIATE CAUSE (6) CONTROL CO
Hara Hara	Conditions, if any, which) (b) Frontiers of Perselotteling and fifth Co
O la s	gove rise to immediate cause
0 0 0	(a), stoting the underlying DUE to
8 50 E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
D E	PERFORMEDY YES NO NO
10 a 10	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Port I or Port II of item 18.)
Moin	Fell out of a tree
short o b	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, Effty or fown) (County) (Stotal)
9 9 9	5:45 pm 6/6 1958 of work of work Vard of home Forestville P. G. Md.
Pog Tro	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
P & E	opinion death resulted from: Notural causes Accident . Suicide . Hamicide . Undetermined manner
68	
o ted	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
be iign	EXAMINER'S ASSISTANT MEDICAL EXAMINER
D A B D	NAME ITYPES A MI SC
5 5 5 E	TO BURIAL CHEMATION (City, John, or county) (Sign)
7 p ö	Burial 16/13/1958 Fort Lincoln Cemetery Colmar Manor, Pr. Fep. Co. Mc
15ME	W.W.Chambers Co. Inc. Riverdale Md.
2/57	DATE DATE



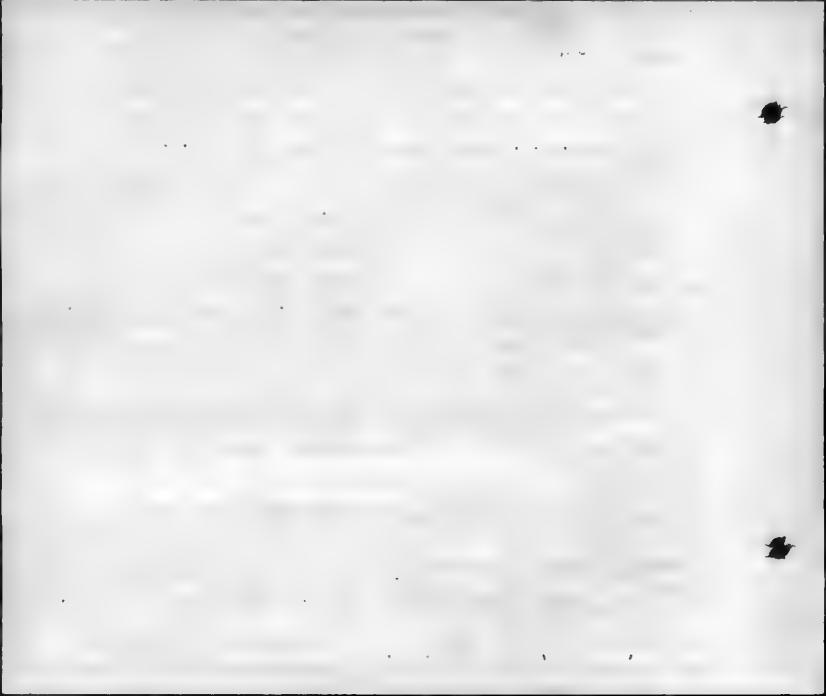
DEPARTMENT OF HEALTH—BALTIME	OKE, 10
ERTIFICATE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)

	1. PLACE OF DEATH	COLUMNITY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Pr	COUNTY Prince George MARYLAND						o. STATE Maryland b. COUNTY Prince George							
	b. CITY OR TOWN (II RURAL and give no	OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and good give negret form)													
	Glassm			2 years	> >	Gl	assm	anor							
	d, NAME OF HOSPIT	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			11.0	d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?			
	427 Garde							427 Garden Street, S.E.							
	3 NAME OF DECEASED	Fi	•-	Middle		lost		4. DATE	N	Aonth"	Do	ly	Year		
	(Type or print)	Geraldir	1e	Lucille	Pa	awell		OF DEATH	June	6.	1958		19		
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🗍 8. (	DATE OF BIRTH			9. AGE (In year	IF UI	NDER I YEAR				
	Female	White	WIDOW	ED DIVORCE	D 20	Dec.	1918			r) Mor	iths Days	Hours	Min		
	10o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL		or foreign c	ountry)	12	CITIZEN C	F WHAT	COUNTRY		
	Housewife	ing life, even if relired	'			Chica	Chicago Illinois						USA		
1	13. FATHER'S NAME		,			14. MOTHER'S			<u> </u>		UJA				
A	Rocco	occo Marinello Anna Jurackewicz													
	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFC	RMANT	- 0 41	CLOISO.	A	ddress			-		
	No	If yet, give war or dates of t	13	08-01-209		ederic	kJ.	Pawe	11 42	7 Ga	rden	St.	,SE		
				to for (o), (b) and (c).		1		-				ERVAL BE			
	PART I. DEA	TH WAS CAUSED BY:	1	-10ag K	INS	1)IS	EAS	36				648	US.		
201× . DUE TO												1			
	Conditions, if at		1	-								-	_		
		gove rise to immediate Couse (a), stoting the under DUE TO										_			
	lying cause last.	(0	)		-										
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(0)	9. WAS	AUTOPSY		
3									YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part III of item 18.)															
	20c. TIME OF INJURY	f Month, Day, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (I	lome, form,	20f. (City	or town)		(County)		(State)		
	Hour o. j1.	19	While of wor	k ot work	10001	,,,	oragi, etc.		•						
	21. I certify the	at Lattended the	deceas	ed from Jan		1958	Zio 4	Jus	الم	Sthe	at I lost so	w the	decense		
	glive on 4	THANK	149				4 4 4 4	AM from	n the causes						
			アク	77	アレ	3001100 002			irget, city or low				ATE SIGNE		
	ACTUAL	1 ouces	<u></u>	(Sowad)	7 4.			64	hune 1	195	8.				
		<b>4-43</b>		2 1/-	#	·		12)V							
i	PHYSICIAN'S NAME (Type)	MARCEL	کے	LONRAI) X	IR.	1527 I	E.Fal	lklan	d Lane	Si.	1Spr.	alid			
	220. BURIAL, CREMATIO	N, 225. DATE THEREC	)ř	22c. NAME OF CEME	TERY OR C	REMATORY			IION (City, taw			(Stot			
	REMOVAL (Specify)	6/10/19	58	Arlingt	ton N	lationa			lingto						
	23. FUNERAL DIRECTOR'S	SIGNATURE	277	ADDRESS				BY REGIST	RAR 246. RE	GISTIKAR	S SIGNATU	RE			
	James T. II	Jani, Inc.	317	renna.A	ve.,	D.L.	n11	IN 9	58	J.A.	educh	-			

TO HONTIAL OR ATTENDING THYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Tage may be retained by the hospital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the feet of director, page 3 should be reforbed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



22c. NAME OF CEMETERY OR CREMATORY

Camaterr

Cedar Hill

ADDRESS

22d. LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

Suitland

240, REC'D BY REGISTRAR

DATE JUN 1 6 '58

(Stote)

FUNERAL O VS A15 (4) 15M 9/55

Pe TO

220 BURIAL, CREMATION, 226, DATE THEREOF

Ritchie Bros. Upper Marlboro, Md.

REMOVAL (Specify) Burisl

23. FUNERAL DIRECTOR'S SIGNATURE

director

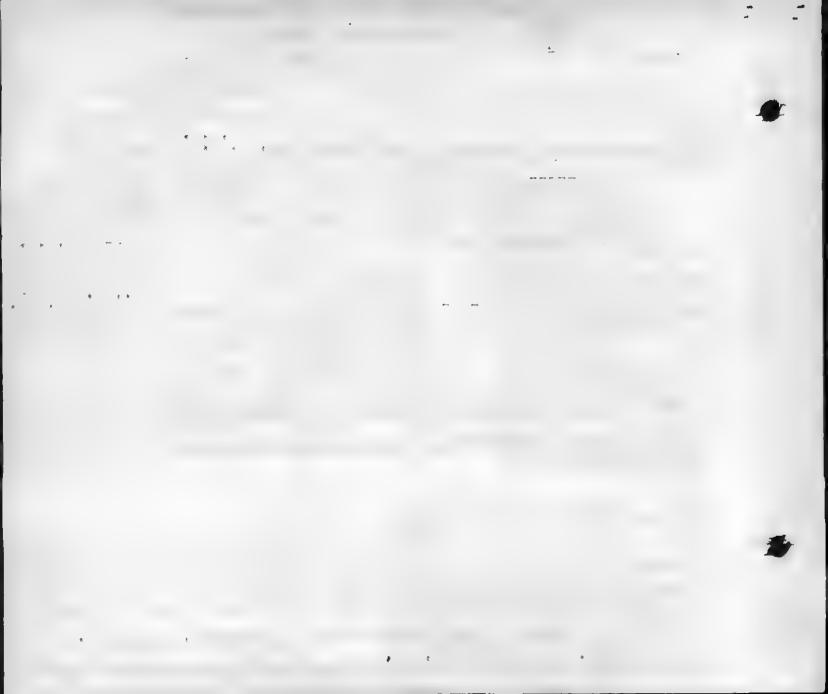
gopers.

puo

deat

놓

ofter



1 1 32 . . . 200 \* : : : 1 ct 2. 31

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7459 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death, a certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit. HOUSE PROPERTY (HOME) OF DECEME SICIAN OR HOSPITAL: The law requires that the death certificate be executed within the retained by the hospital or attending physician.

**NSTRUCTIONS** 

The bottom copy

07179

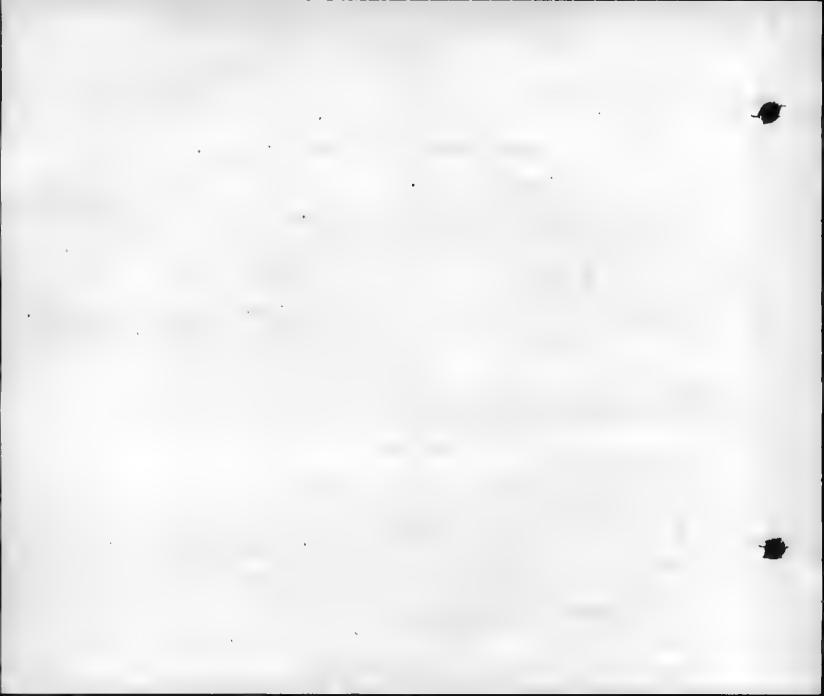
#### CERTIFICATE OF DEATH

Reg. Dist. No.....

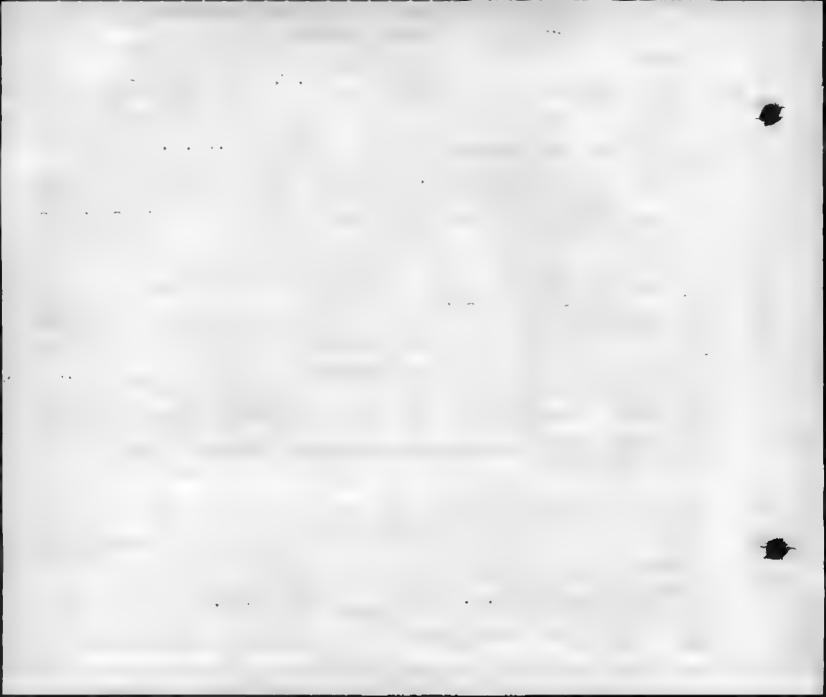
-	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME/ OF DECEMBED
н	COUNTY Price Acres MARYLAND	STATE Manylankounty Pr. Glange
ŀ	CITY (If outs'de corporate limity, write RURAL   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest 1996)
-1	OR and Sive nearest town (in this place)	OR TOWN
	Reneithe	a deriel
-1	HOSPITAL OR INSTITUTION OR A A A	STREET ADDRESS (If rural give location)
н	STREET ADDRESS Solders Memorial Harl	417 Laurel Une
-	3. NAME OF (First) (Middle)	(Last) 4. DATE (Monibly (Day) (Year)
1	(Type or Profi) Daniel Stolens	Phillips DEATH June 9 195 8
ŀ	S. SEX   6. COLOR OR   SINGLE, MARRIED,   8 DATE OF	
1	MIDOWED, DIVORCED, (Specify)	racy 15 1881 77 yrs. Months Deys Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS / 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
н	done during most of working life, even if	Mariland USA
-	Charles 1. 10 10 1- miles and	14. MOTHER'S MAJOEN NAME
ш	13. FATHER'S NAME	1.10
П	I devaid thelps	Sarella Sewell- 1
- [	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 467 Lower Clay
- 1	(Yes, no, or unk.) (If Yes, give wer or detes of service)	- Mars Elan Dales Russel The S
-	18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
-1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
н	/ IMMEDIATE CAUSE IN 14 48 Cauch	of other luce that
-1	=115 =0	
-1	DISEASES OR CONDITIONS, IF ANY, (B)	- Deleaser Reallement
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	Lebrus alrens
ľ	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRIBUTIO	13 31 - 11 0
-1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH	Loudell Louis States
ŀ	196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY
Ì	WO Samuel	YES NO LY
ľ		Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
-1	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	no Jupy.
ľ		216. HOW DID INJURY OCCUR?
-1	M. al work at work	1
ľ	22. I hereby certify that I attended the deceased from WW	19.5 that I last saw the deceased
3		- also II
41	etive on Mile 19 and that death redult	ADDRESS (Street, city, spwg, stete) DATE SIGNED
₫	RIGHATURE	25. The state of t
in I	Tradul & May Joseph M.D.	James Milled James Jum 1820.
Ċ	23. BURIAL, CREMATION, DATE THEREOF CEMETERY OR	CREMATORY LOCATION (City, town, or county)
\$	Burlal 1958 Any Hel	I compley painel Mayland
5	24. REC'D BY REGISTRAR / REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		16 : 141/1 (mapletun tung 1)2d
	DATE SELECT A F AGE	1/X ( Link 'N W MUNNEUN MARKET MI



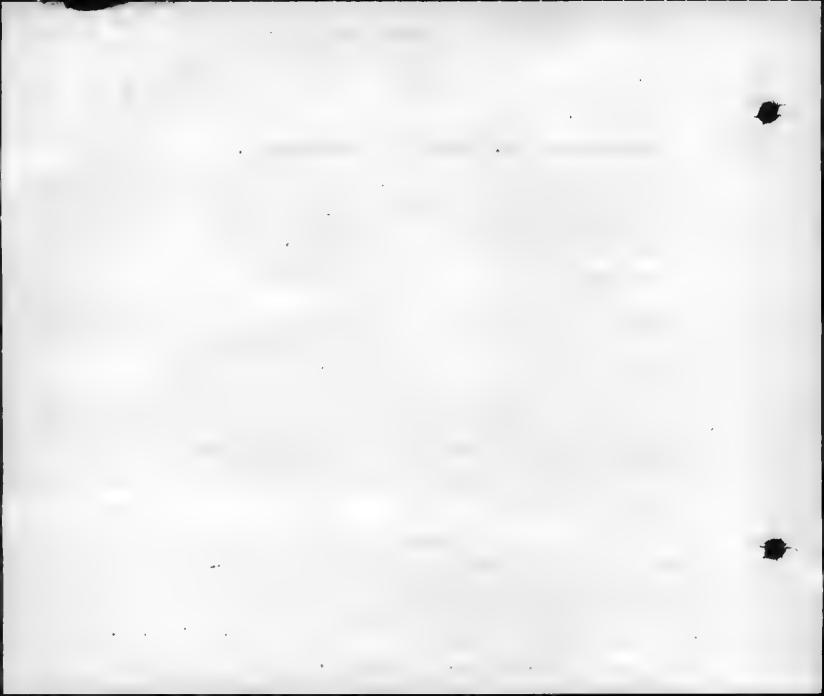
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



, .			M	ARYLANI	STATE D	<b>EPARTM</b>	ENT OF HEALT	H-BALTIMORE,	18		
77				7210	CE	RTIFICA	TE OF DEAT	Н	Reg. Dis	. N. 718	L
	•	LACE OF DEATH	ince Ge	orges		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUN		e before admission	
भा ) =-		CITY OR TOWN RURAL and give i Glenn Da	leorest town) le (rur	al)	l mor	stay in ib ith and iys	Wash	outside corporate limits, writ	RURAL ond g	ive regrest town)	
೧४		or institution Glenn	Dale Ho		et address)		d. STREET ADDRESS	9th St., N.	W.	e. IS RESIDE ON A FA YES N	RM?
	1	NAME OF DECEASED Type or print)		Theodo:	re	آ. J.	Pollard	OF DEATH	Aonth 6	Day Yea 19 19	58
		ale	Negro	Separa		ortford 1	2/27/21		Months Ts.	Days Hours	Min.
		Laborer	ON (Give kind rking life, even	of work done; 101 if retired)	Jessie	Bradfor			US US	ZEN OF WHAT CO	UNTRY?
		George Po					Ella Dade				
	18-	WAS DECEASED EV	1943 -	NED FORCES?	6. SOCIAL SECURIT		Decedent		ddress		
		PART I. DE	ATH [Enler on ATH WAS CAU IMMEDIATE (			-	orrhage			onset and de	ATH
		Conditions, if a gove rise to couse (a), stating lying couse last	mmediote (	(b) DUE TO (c)	Pulmon	ary tub	erculosis			5 yrs.,	9 m
	CERTIFICATION	Cor	pulmon	ale				INAL DISEASE CONDITION (	SIVEN IN PART	1(o) 19. WAS AUT PERFORMI YES N	ED?
		20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU			halling accuses	'n lan n	CE OF INJURY (Home, form				
	MEDICAL	Hour o. p. m.		19 While of we	e Not while	foc	ory, street, office bldg., etc	:.)			(Stole)
		21. I certify t	6/19 !	led the deced		that death	occurred at 11:5	ADDRESS (Street, city or tow	and an th	e date stated	ceased abave. SIGNED
1		ACTUAL SIGNATURE	Moo	No.	W D			Dale Hospital		6/19	/58
	220 E	BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE	Weiss. THEREOF 4/58		CEMETERY OF		22d. LOCATION (City. 10m)	n, or county)	(State)	
	23.	JOhn	'S SIGNATURE	hines	-+ Co. 9	101-30			GISTRAR'S SIGI	,	
				Wa	shingte	7,0-	C. License	# 318			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



**CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY be filled MARYLAND death. b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION YES TO NO ST NAME OF EL MER Year Dov DECEASED (Type or print) 195 3 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Months Hours DIVORCED | WIDOWED [7] popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) puo corbon 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME GARRISON Move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE- HELEN E. PRITCHARD-SAME ADDRESS 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARGINOMATOSIS WOOK IMMEDIATE CAUSE (o) DUE TO Carcinoma ony Conditions, if ony, which gove rise to immediate ě DUE TO casse (a), stating the underlying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) g, m While Not-while at work ot work 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or Jown, state) ACTUAL SIGNATURE prior DIREC 3 shauld PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL EXEMATION. 22 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or poge (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24H. REGISTRAR'S SIGNATURE 24s, REC'D BY REGISTRAR JUN 1 6 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

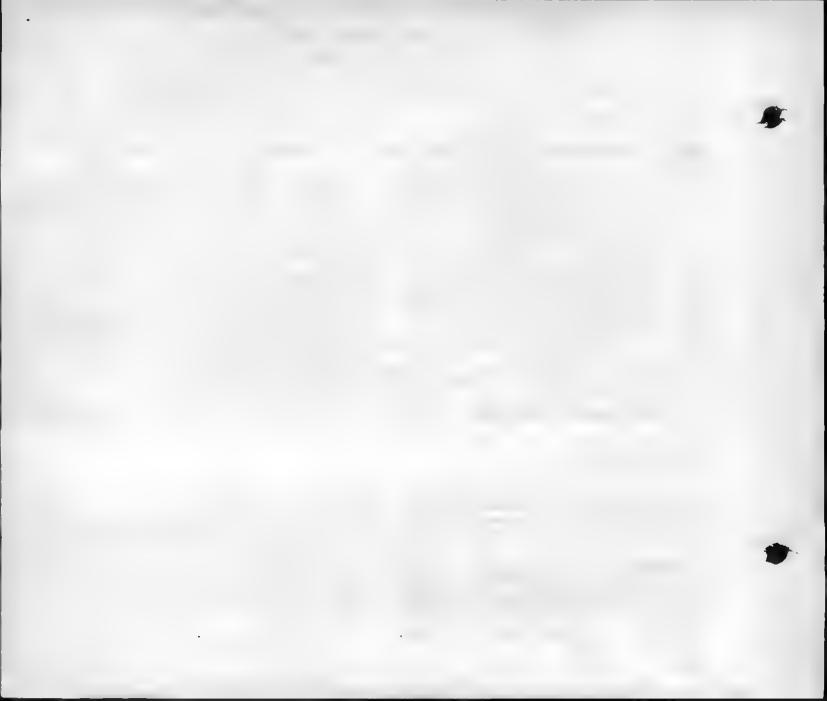


0

15M 9/55

Civilize hiller find Kime 5 years the hours of years of the standing from the planting from the standing from the standi

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07185 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write & c. LENGTH OF STAY IN 16 RURAL and give neoresi town) LC PUS BESTDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS YES TO NO K NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) SUNE 19 イータ MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE lost birthdoy) Months Davi male WIDOWED DIVORCED [] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired rent, 0 ashina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 2011 514-32-INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate **DUE TO** ä couse (a), slating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour s. m. While Not while of work of work 21. I certify that I attended the deceased from. , to 6 - 7-5 8 \_, 19\_\_\_\_,that I last saw the deceased and that death occurred at 5 4 AM, from the causes and an the date stated above. alive on\_ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) > 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL CREMATION. .a (Stote) REMOVAL (Specify) 0 MAZAO REC'D BY REGISTRAN 245. REGISTRANS SIGNATURE



# FOR STATE HEALTH DEPT.

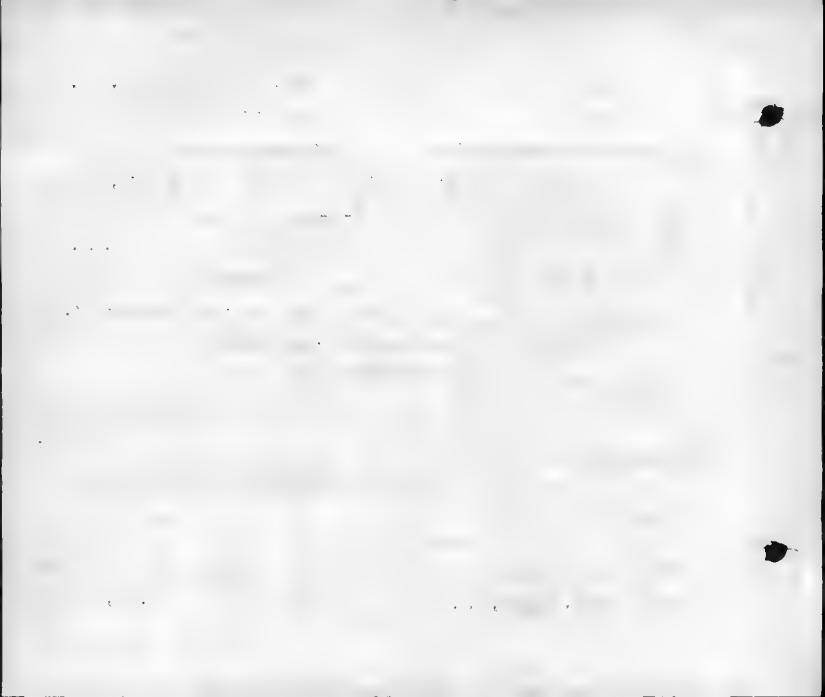
N

Poge films Health, TO DEMUTY MINICAL FIRM INER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be forward to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for a filtered FONERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board. Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. I

VS, A15ME 5M 2, 57 2

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7187

	* T (15)			Reg.	Dist. No.
PLACE OF DEATH			2. USUAL RESIDENCE (Where de	coosed lived. If institution. Res	idence before admission)
-	rince George	MARYLI	IND O. STATE Maryland	b. COUNTY	r. Gee.
b. CITY OR TOWN (I	I outside corporate limits, write RI	C. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest lown)
Chever	ly		Hyattsvill	e	
		nat in hospitat, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Ge	orges Genera	l Hospital	4206 Decatu	r_Street	YES NO
3. NAME OF DECEASED	First	Middle	Lost 4. DATE	E Month	Doy Year
(Type or print)	Alice	Witmer	Rice	June 1	19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IFUND	ER TYEAR IF UNDER 24 HLS.
Female	MATT AC	VIDOWED DIVORCED		82 yrs. months	Doys Hours Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work dor og life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or foreign	in country) 12, C	ITIZEN OF WHAT COUNTRY
Housewife	ing area areas areas	Own Home	New York Stat	e	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Martin	Witmer		Eliza	beth King	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		17. INFORMANT	Address	
			Margery Cunningha	m: same addres	8 as #2.
18. CAUSE OF DEA	TH [Enter only one couse	per line for (a), (b), and (c). }			INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	A nucleo a no			ONSET AND DEAT 1
	IMMEDIATE CAUSE (o)	Acute cor	ngestive heart fail	are_	-
X	DUE TO	0 11			
Canditions, if a		Cardiovas	scular renal diseas	•	
gove rise to imme (o), stating the					
couse last.	(c)				
Z PART II, OTI		IONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN P.	ART I(a) 19. WAS AUTOPSY
PART II, OTI					PERFORMED?
	USE WAS 20b	DESCRIBE HOW INHIRY OCCURRE	D. (Enter nature of injury in Part I or Par	t tt of item 18 )	YES NO. 3
# 200. EXTERNAL CAL PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING []		D. (Line 1000 of 1110) III TOST CO FOR	i is or nem se j	
3 20c. TIME OF INJU	RY Month, Doy, Year	20d INJURY OCCURRED [20e.	PLACE OF INJURY (Home, form, 120f. (	City or Inwell	County) (State)
Hour a m		While Not while	factory, street, office bldg., etc.)	any or rowny	onula (20016)
	19	at work at work			
			obove, held an Autopsy [],	Inspection to Inqu	iry K, and in my
opinion deoth	resulted from: No	otural causes 🔂 Accide	nt 🔲, Suicide 🔲, Homici	de []. Undetermined	monner
ACTUAL )	1 - 2	p			0.475 (10.140
SIGNATURE	My J. Y	natoney.			DATE SIGNED
EXAMINER S			ASSISTANT MEDICAL EXAM		-1
	ohn T. Malon	ey, M.D.	DEPUTY MEDICAL EXAMINE	June .	14, 1958
220 BURIAL, CREMATIC REMOVAL (Specify)	N 226 DATE THEREOF	22c. NAME OF CEMETERS	OR CREMATORY 22d LO	CATION (Cily, town, or county	) (State)
Cremation	6/16/58	Fort Linco		lmar Manor, M	3
23 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24e REC'D BY REG	- 1 0	SIGNATURE
			nd. JUN 1	6 58 1000	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUPTince George's Poge files. Health, MARYLAND Prince Georges b. CITY OR TOWN Ill guitade corporate hours, we le RURAL ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  ${f Brentwood}$ D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDE - E To co ON A F. PM 4552 41 st. retained f a State Bo Prince Georges General Hospital YES NO P 10 3. NAME OF DATE Lost Year DECEASED 50 June (Type or print) MARGARET ROBERTSON DEATH 10 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED TE B DATE OF BIRTH 9. AGE (to years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Days Hours Female Colored WIDOWED KI 12 Oct. 48 DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic Maryland
14. MOTHER'S MAIDEN NAME U.S.A. Give Pages h form PM3. 13. FATHER'S NAME Mockabee Martha Hawkins File 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT No No (If yes, give war ar dates of service) Lionel Boswell: same address as #2 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Macular accident IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (e), slating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE COND TION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18 ) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) white Not white foctory, street, office bldg., etc.) (County) (State) Not while n m of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy (RD) Inspection (R), Inquiry (R) and in my apinion death resulted fram: Natural causes 1. Accident ... Suicide . Hamicide . Undetermined monner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER For SIGNATURE ASSISTANT MEDICAL EXAMINER John T. Maloney. should FUNER NAME (Type) June 18, 1958 220. BURIAL GREWATION, 226 DATE THEREOF 22d. LOCATION ICity. KEMIOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS ATSME JUN 2 0



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 GAMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Reg. Dist. No. HEALTH DEPT. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH o COUNTY Page **b** COUNTY files. Heolth, MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOVYN (If outside corporate lights, write RURAL and give nearest town) delay is nece te funeral dire retained far e State Boar OF INSTRUTION (If not p hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral YES NO YZ Stote death. 3. NAME OF DATE Middle Year DECEASED OF 1952 (Type or print) DEATH 5. SEX 6. COLOR OR RACE B DATE OF 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. WIDOWED [ DIVORCED 5 e 5 rd 2 bot 2 hot 100 USUAL OCCUPATION (Give kind of work done) 100 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? Page ! during most of working life, even if retired) Poges 1. P.M3. P. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IN U.S. ARMED FORCESZ 16. SOCIAL SECURITY NO. INFORMANI Is CAUSE OF DEATH | Enter only one couse per line for (a); (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O **buriol-transit** Office DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stoling the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? shoutd be NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 31 of item 18.1 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (Stole) factory, street, office bldg., etc.) While Hour Not while writing to the of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection ... Inquiry 🗸 and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ö ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR GESCHOOS 22d LOCATION (City, Jown, or county) (State) REMOVAL (Specify) Arlington National Arlington 70 6/25/58 Burial 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REPIEHRAN'S SIGNATURE JUN 25 VS. A15ME Hyattsville Maryland. F. Gasch's Sons DATE 5M 2/57



ours after death. If any deloy is necessory please and Pages 1, 2, and 3 to the funeral director. Page and PM3. Page 5 may be relained for files.

It pages 1 and 2 with the State Boar Health, IT Start within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07190

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a/COUNTY MARYLAND BUCITY OR TOWN (+ outside corporate c LENGTH OF STAY IN 16 c. CITY OR TOWN (If ofits de corporate limits, write RURAL and give nearest Iswa) # 15 RESIDEN 'E d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IN SPREET ADDRESS ON A FARM? YES NO S 3. NAME OF Middle DATE Lost Manth DECEASED **OF** (Type or print) DEATH 1950 9. AGE Ille years 5. SEX 6. COLOR OR RACE 7. MARRIED PANEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS lost berthday) Manths WIDOWED ! DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MINIMICK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17A INFORMANT -07-2100 18 CAUSE OF DEATH [Enter only one couse per line for (o)\_(b)\_ond (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO R 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fart I or Part II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg , etc.) Not while at wark at work p m 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 Inquiry X, ond in my Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes 🔀, Accident 🗍, DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER (%) NAME (Type) 220. BURIAL CREMATION 22d LOCATION (Chy, lown, or county) (State) ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE

VS A15ME

Office

pending in properties of the p

ef Me

DIRE



### FOR STATE HEALTH DEPT files. Health,

M

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in item, 18. Give Poges 1, 2, and 3 to the funeral direction. Page 4 should be forwered to the Ch of Medical Examiner's Office along with form PM3. Page 5 may be relained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit, file pages 1 and 2 with the State Baarle Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

V\$. AISME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07191

	*200	Reg. Dist. No.								
•	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)								
	o. COUNTY Prince George's MARYLAND	• STATE Maryland b COUNTY Prince George's								
	b CITY OR TOWN ( foutside corpora e timbs write EUPAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! town)								
/	Cheverly, Maryland D. O. A.	East Riverdale, Md.								
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS								
ř	Pringe Georges General Hospital	6200 54th Place, ON A FARWY YES NOW								
	3 NAME OF First Middle	Lost 4. DATE Month Doy Year								
(type of print) PILLION FILLER ROUZEE DEATH June 7,										
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF 8 RTH 9 AGE (In your IFUNDER LYE										
	Moonto   Wholeto	50 yrs   Months   Days   Months   Days   Min								
	100 USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRI during most of warking life, even if ratired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
\	Chauffeur American Red Cross	Washington D. C. USA								
	F3, FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Robert Rouzee	Emma Repetti								
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN	FORMANT Address								
	[Ves., no. oz unknown] [If yex, give was or dotes of service]  [Ge	raldine M Rouzee East Riverdale, Md.								
	18. CAUSE OF DEATH (Enter only one cause per line ton (a), (b) and (c)	INTERVAL BELIVEEN								
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	store Heart Tarline ONSET AND DEATH								
	IMMEDIATE CAUSE (a) Acute Congil	A TONOT TONOTHER								
	Carefilian Hann (194)									
	gave rise to immediate couse	an remai ourense								
	(a), stating the underlying DUE TO									
	7 BART II OTUSP SICULISICANT COMPUTIONS CONTRIBUTING TO DEATH OUT AND	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
0	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?								
	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (En	YES NO SX								
	200. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CONTRIBUTION CONTRI	and the state of t								
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f, (City or fown) (Caunty) (State)								
	Haur a.m. While Not while tactor	ry, street, office bidg., etc.)								
	21. 1 certify that I took charge of the remains described above									
	1									
	apinion death resulted from: Natural couses . Accident	, Suicide [, Homicide [, Undetermined manner [								
	ACTUAL COMMON DATA	DATE SIGNED								
	SIGNATURE FORMS. Y alony	_M,D, CHIEF MEDICAL EXAMINER []								
)	Examinent John T. Maloney , Mys	ASSISTANT MEDICAL EXAMINER   Pune 7, 1958								
`	Learne (199e)	DEPUTY MEDICAL EXAMINER								
	220 BURIAL, CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR C	(4.47)								
	Burial 6/9/58 Fort Lincoln	Cemetery Colmar danor, Maryland.								
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE								
	F. Gasch's Sons Hyattsville, Maryl	and. JUN 1 1 '58 Whench								



ARYLAN	ID	STA'	TE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
				20 - 10 . 30			

	7167	Ţte	CERT	İFIC.	TE OF DEATH	1	imore, to	Reg. Dist.	U71	92
1. PLACE OF DEATH b. COUNTY Prince	ce George		MAR	YLAND	2 USUAL RESIDENCE (W) G. STATE Maryland		b. COUNTY	Residence ince	before odn	ission}
RURAL and give of Cheverl	V Md		LENGTH OF STAT	Y IN 16	c. CITY OR TOWN (IF a		Bowles		e. IS R	ESIDENCE
	rince Geo.	Gen. Ho	enital							A FARM?
3 NAME OF DECEASED	Fin	nders	Middl	¢	Lost	4. DATE OF DEATH	Manth		Day	Year 19 da
5. SEX	6 COLOR OR RACE		NEVER MARR		B DATE OF BIRTH	5			YEAR IF UN	DER 24 HP
during most of wo	ION (Give kind of wark or irking life, even if retired)	lone 10b. KI	ND OF BUSINESS	OR INDUS	Cheverly.  14. MOTHER'S MAIDEN N	Maryl		12. CITIZ	EN OF WH	AT COUNT
15. WAS DECEASED EV	ER IN U. S. ARMED FOR-		CIAL SECURITY NO	O. 17 IP	Geraldine FORMANT	Sander	Addre	35		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	D	for (o), (b), and (c)	ia.	Rt S:	de .			INTERVAL ONSET AN	
Conditions, if a gove rise to couse (a), stating lying cause last.	immediate DUE TO									
\$		OITIONS CON	NTR BUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1	PERI	S AUTOPSI ORMED?
OR CONTRIBUTING	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY (		). (Enter nature of injury in I					
20c. TIME OF INJUI			Not while	20e PLA	CE OF INJURY (Home, form lory, street, affice bldg, etc.	201. (City o	or town)	(Co	inty}	{\$tote

at work at wark p. m.

AA

195 X, that I last saw the deceased

ACTUAL SIGNATURE

220 BURIAL CREMATION, 226 DATE THEREOF

23. FUNERAL D RECTOR'S SIGNATURE

alive an

PHYSICIAN'S NAME (Type)

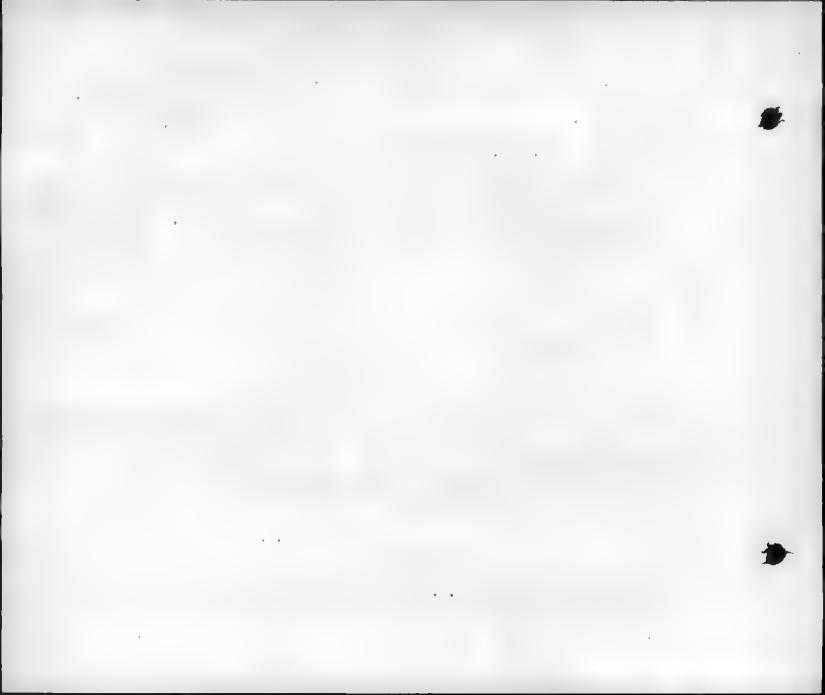
21. I certify that I attended the deceased fram

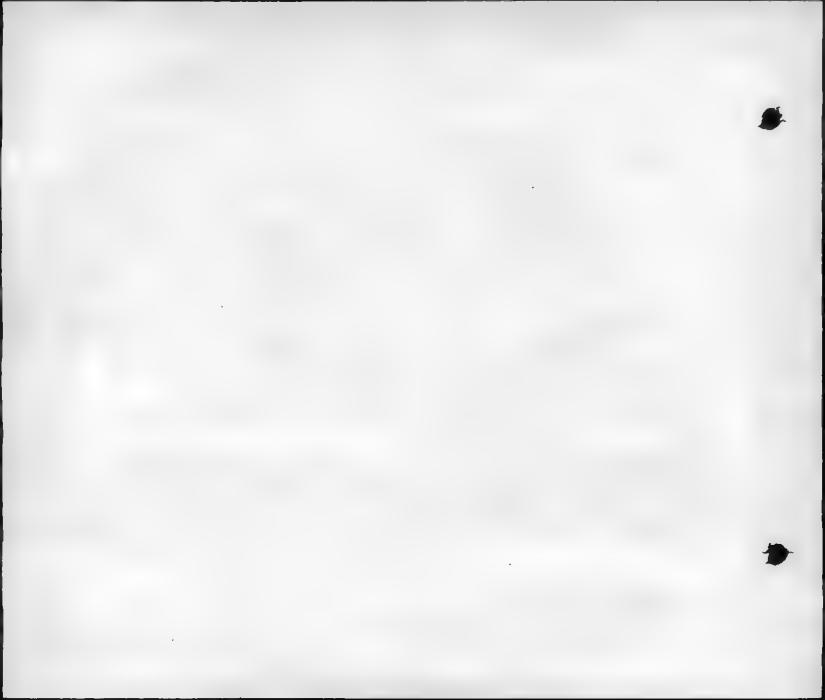
and that death accurred at 3 P.M.M. from the causes and an the date stated above

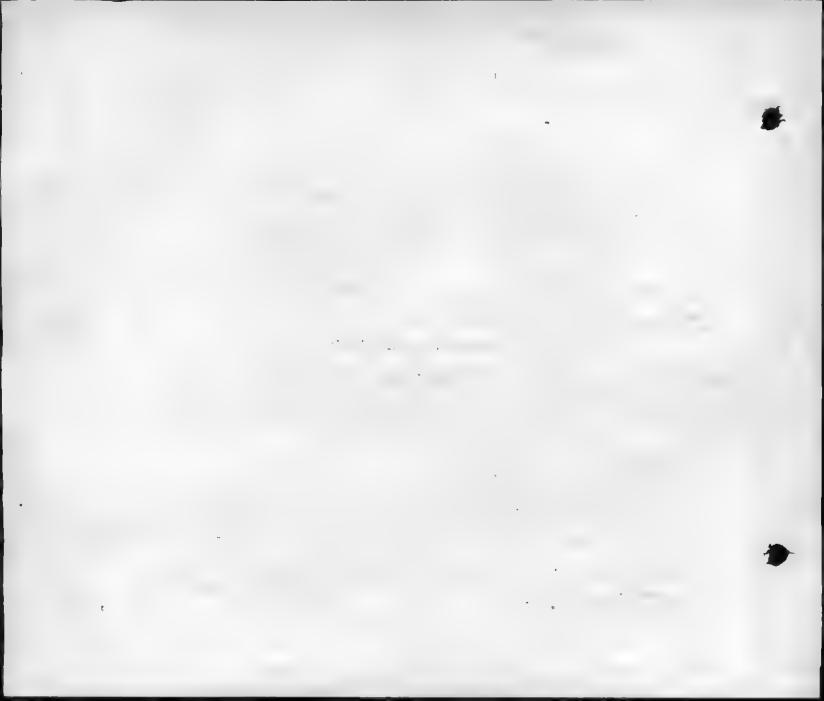
Bertha VanGilderon M.D.

220 NAME OF CEMETERY OR CREMATORY **ADDRESS** 246 REGISTRAR'S SIGNATURE 240. REED BY REGISTRAR

VS A15 (4) 15M 10/57







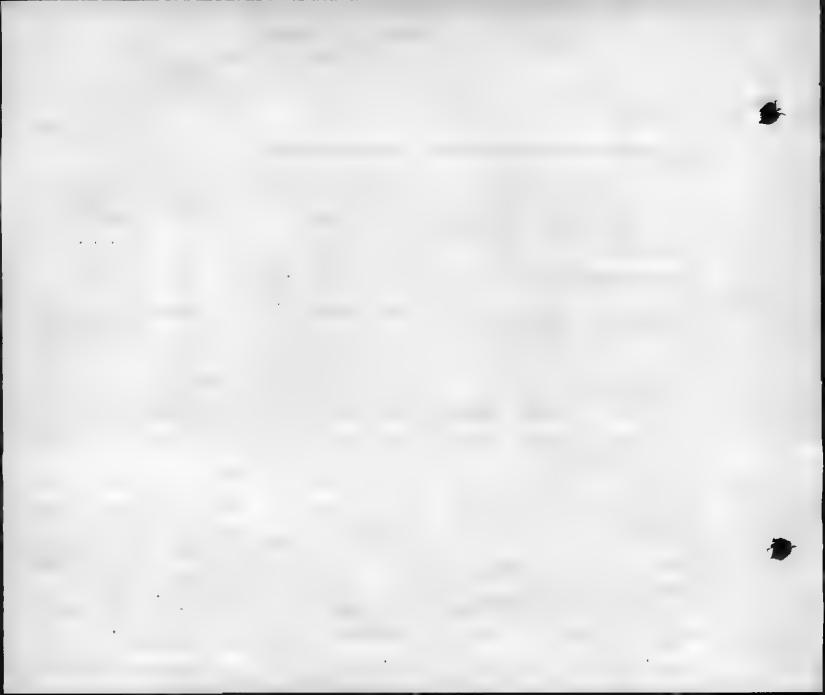
deoth.

hours offer

within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





							NT OF HEALT TE OF DEAT		AORE, 18	071	197
M	1,	PLACE OF DEATH	71	03			2 USUAL RESIDENCE (W. O. STATE		d If institution R	g. Dist. No.	niss on)
1		Prince G			MARYL	AND	Maryl and		Prince	George	
1		CITY OR TOWN ( RURAL and give n	(If outside corporate lim represt town)	its, write c	. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (IF	outside corporate	limits, write RURAL	ond give nearest to	ows)
		Chever			J. Hre		Westwood				
7		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street od	dress)		d. STREET ADDRESS				RESIDENCE
	L	Prince (	Georges Ger	eral						YES	NO [
	3.	NAME OF DECEASED	Fi	rsi	Middle		Lost	4. DATE	Month	Day	Yeor
	-	(Type or print)	Bahy				Simms	DEATH	6	9	19 58
	5. :	SEX .			D NEVER MARRIED	<b>□</b> X 8.	DATE OF BIRTH	9 A		NDER TYEAR IF UP	
		Female	Colored	WIDOWED	☐ DIVORCED		6-9-58		yrs.		0 50
	10a	<ul> <li>USUAL OCCUPATI during most of wor</li> </ul>	ON (Give kind of work king life, even if retired	done 106 Kil	ND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	e or foreign country	rl l	2. CITIZEN OF WH	
P	L						Md.			U.S.A	•
1	13	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME			
		Unkno					Cathe	rine Sim	ns		
	15 [Ye	WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	17. INF	ORMANT		Address		
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		for (0), (b), and (c) ]		alell	ites	le's	INTERVAL ONSET AL	BETWEEN ND DEATH
		162.0	DUE TO	>			2	P	20		
		Conditions, if a		)			Inen	and L	in the		
		gove rise to i couse (p), stoling		)		-			,		
		lying couse lost.		)							
	CATION	PART II OT	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERA	AINAL DISEASE CO	NDITION GIVEN I		S AUTOPSY FORMED?
	CERTIFI	200, ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OCC	CURRED.	Enter nature of injury in	Port I or Part II of	Fitem 18.)		
	MEDICAL	20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Day, Ye	ar 20d. INJU While of work [	Not while	0e PLAC foctor	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f (City or to	own)	(County)	(Stote)
		21. I certify th	nat 1 attended the	deceased	from 6/9/	58	, 19, to	6/9/58	th	at I last saw th	e deceases
		alive an 6/9	7/58	19	A_, and that d	leath a	ccurred at 10:5	QBM, from the	e causes and	on the date sta	ated above
			70,11	14	// .				city or lown, state		DATE SIGNE
		ACTUAL	Auco.	1 such	ser	M	5301 /	auth	D8. 169	illy /h	96/11
× ×		BLAVEICI ANII							73		
1		PHYSICIAN'S NAME (Type)	John W. P	erkins							
	220 C	BURIAL CREMATIC REMOVAL ISpecify POID TION	6/12/58	1	Prince Gea		REMATORY S General Ho		Cheverly		tote)
	23	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240 REC	'D BY REGISTRAR	24b. REGISTRAF	S SIGNATURE,	
. (	2	12821	16 4:	Harry	W: Rem	Jr.,	Admini stra	HAN. 1 8 '58	3 (111)	esuch	
		7.	,		//		***************************************				



**CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY 궣 **b. COUNTY** MARYLAND 益 eral b. CITY OR TOWN IIf autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO E NAME OF First Middle DATE Month Dov Year DECEASED OF (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH P. AGE (In years birthdoy) years elel fost Months Days Hours Min. DIVORCED WIDOWED [ popers. YES campl 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and corban 13. FATHER'S NAME E 14. MOTHER physician HOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 d min **DUE TO** è permit. Canditions, if ony, which (b) gned gove rise to immediate **DUE TO** cause (a), stating the underand dusitlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🗆 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate ö 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) 0, [1, While Not while of work of work D. m. 21. I-certify that I attended the deceased from Lithat I last saw the deceased alive an and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city ACTUAL SIGNATURE 50 PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, GREWINTON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d, LOCATION ( town, or county) (Stole) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 245 REGISTRÁR'S SIGNATURE 300 JUN 3 0 VS A15 [4] 15M 9/55

death.

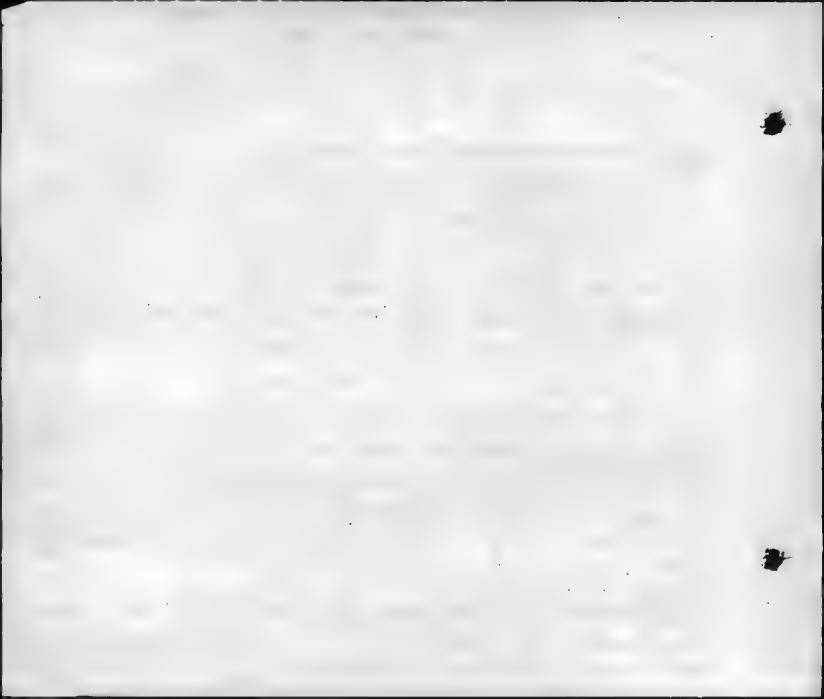
offer

haurs

within

that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

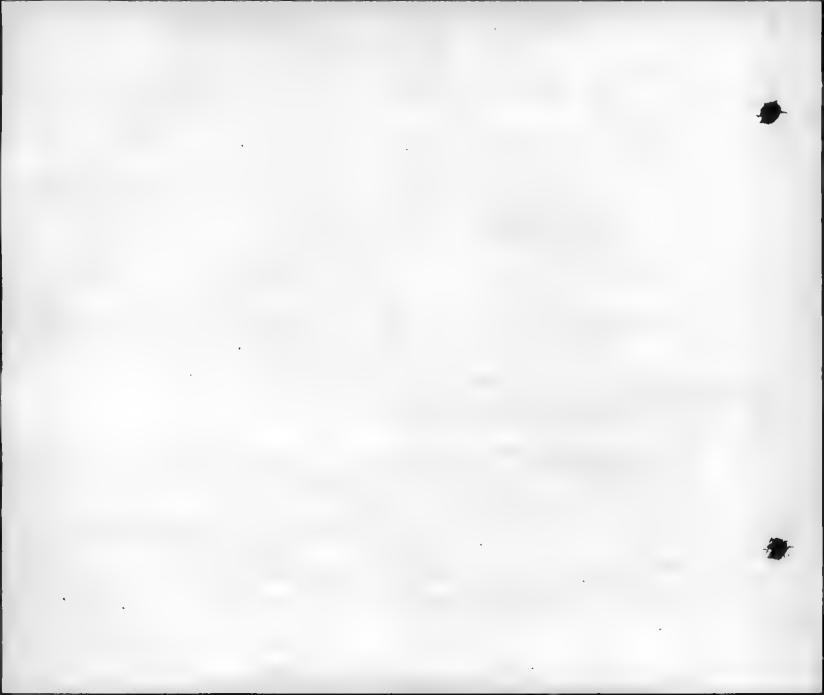


VS A15 (4) 15M 10/57 

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
ma ma	CERTIFICATE OF DEATH	

0		07	1	9	S
Dan	Disk	Ma			

	(11)	CERTIFICA	AIE OF DEATH	1	Res	g. Dist. No.		
1.	PLACE OF DEATH COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland		b COUNTY Ca]	sidence befor	re admissi	on)
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITE TOP LY	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF of Huntington		limits, write RURAL	and give nea	rest town)	
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Prince George General		d. STREET ADDRESS 6 Brooks				e. IS RESI	FARM?
3	MAN 01 0 1						YES 🗌	
	(Type or print)  Baby	Girl Middle	Smart	4. DATE OF DEATH	June	14		<b>9</b> 58
5	70 9 7 7 9 9 1	ARRIED NEVER MARRIED 🔼	B. DATE OF BIRTH  Ly June 58	9. A	AGE (In years ost birthdoy) Mon	oths Days	Haprs H	R 24 HRS Min
10	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	)b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote of Maryland		γ) 12	. CITIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N					
	Clare Smart		Doroth	nea Ve	ale			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 18, no. or unknown) (It yes, give wor or dafes of service)	16 SOCIAL SECURITY NO. 17	NFORMANT FOSKITAL	· Ma	Address			
	18. CAUSE OF DEATH [Enter only one couse per une for (o), (ly), and (c)]  PART I DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  DUE TO  DUE TO							
	Conditions, if any, which gove rise to immediate	ace atu	n R the	sh to	nlori	Cen.	hell	,-
	lying couse lost. (c)							
CERTIFICATION	PART 11 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	INDITION GIVEN IN	PART 1(0) 1	PERFOR	MED?
	200 ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	art I or Port II a	f ilem 18.)			
MEDICAL	Hour o. m. Whi		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or f	own)	(County)		(State)
	21. I certify that I attended the decertified an 14 miles, 19	ared from 4	occurred at 5 20A	//	e causes and a			
	ACTUAL SIGNATURE STOPE ASSE	Vanale	M.D 7309 T	DORESS (Street,	RD .	4	1/15	TE SIGNED
	PHYSICIAN'S ASS. J./H	DONALD, HD	. W. HYA	173 VI	1465	401	/ /	/
7	REMOVAL (Specify) 6/17/58	22c NAME OF CEMETERY O	R CREMATORY National	22d LOCATION	Kingle	O A	U.C.	to.
7	PUNERAL DIRECTOR'S SIGNATURE	Horne B	DATE THE	BY REGISTRAR	246 REGISTRAR	S SIGNATUR	E	



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 05 ( W	18		7216 CERTIFICATE OF DEATH Reg. Dist. No. 07201	}
Page directa		1. [	PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  b. COUNTY	
death.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest fown)  7 103.  C. CITY OR TOWN (If outside comprote limits, write RURAL and give nearest lown)	
rs after			d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CARRILL MAJUR  d. STREET ADDRESS OF INSTITUTION CARRILL MAJUR  OF A FARM YES NOT	7
24 hou Med in I			NAME OF DECEASED (Type or print) CATHEN, NE T SMITH DATE Month Lost 1051	~
etely fil			SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  White Widowed Divorced Nicolar Mine Days Hours Mine Days M	
d cample of papers		10a	DUSTAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. INTHPLACE ISlate or foreign country)  12. CITIZEN OF WHAT COUNTRY OF THE CO	TRY?
cion and carbon and after de		13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  MARGEBOET  MC  MOTHER'S MAIDEN NAME	
g physi remove 72 haur		15.  Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address  Address  Resert. Smith - 30.39-Hillring Re	N.L
e attendin			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Scrift Congestive heart failure  ONSET AND DEATH  ONSET AND DEATH	
d by the			Conditions, if only, which) 101 accent of whenthey exabelian 3 hours	N
require			gove rise to immediate cause (a), stating the under lying cause last.  DUE TO  Correct or Cherries Gen.	a
physici physici nos bee riol-tron novol, o	}	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOP PERFORMED?  YES \[ \sum NO \]	1
tending ifficate I the bu		L CERTIF	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]	
PHYSK ol or of this cert r use os ematior		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work at w	te)
NDING e haspit ; Affer ched fo urial, c			21. I certify that I attended the deceased from. 1950, to June 23, 1958, that I lost sow the deceased olive on 23, 1958, and that death occurred of 23PM, from the causes and on the date stated about 1958.	used
ed by the			ACTUAL SIGNATURE Francis F. Mic Maker M.D. 3000 Com. ave. Work, 8. S. C.	
NTAL O retaine RAL DII should istrar pr			PHYSICIAN'S Thomas F. Mc Makon 3000 - Com, are, 6-23-	58
May be of FUNE		L	REMOVAL (Specify) 6-27-58 TT. OLIVET 22d. LOCATION (City, lown, gr.county) (Slote)	
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  3831- Da an 168  PARENTE 246. REGISTRAR'S SIGNATURE  DATETIN 3 0 158  OF STATES	



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certifier, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farm of to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages, I and 2 with the State Basis. Health, or its designated agent, prior to buriol, cremation. In removal, and in any eyent within 72 hours after death.

136

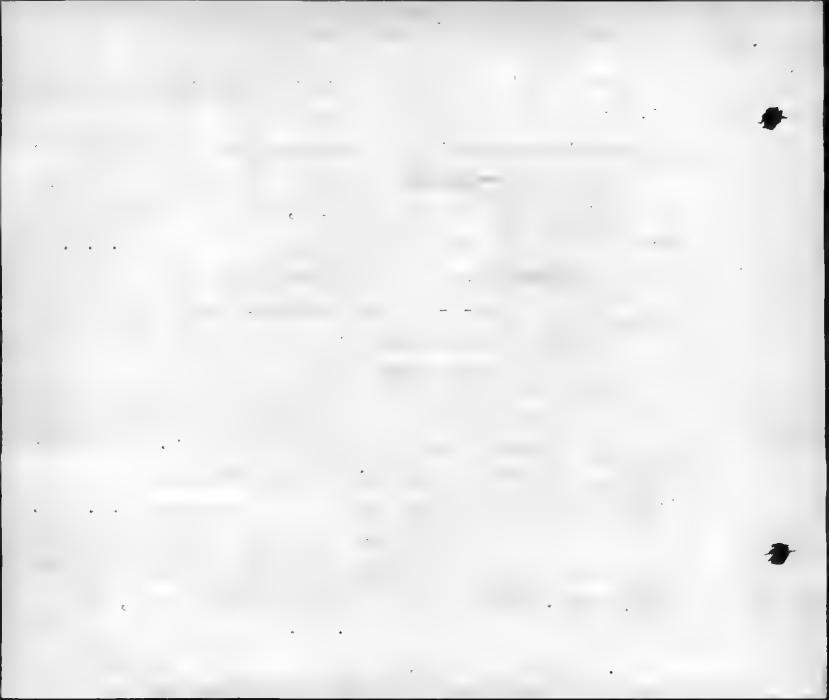
1

VS A15ME 5M 2,57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6729

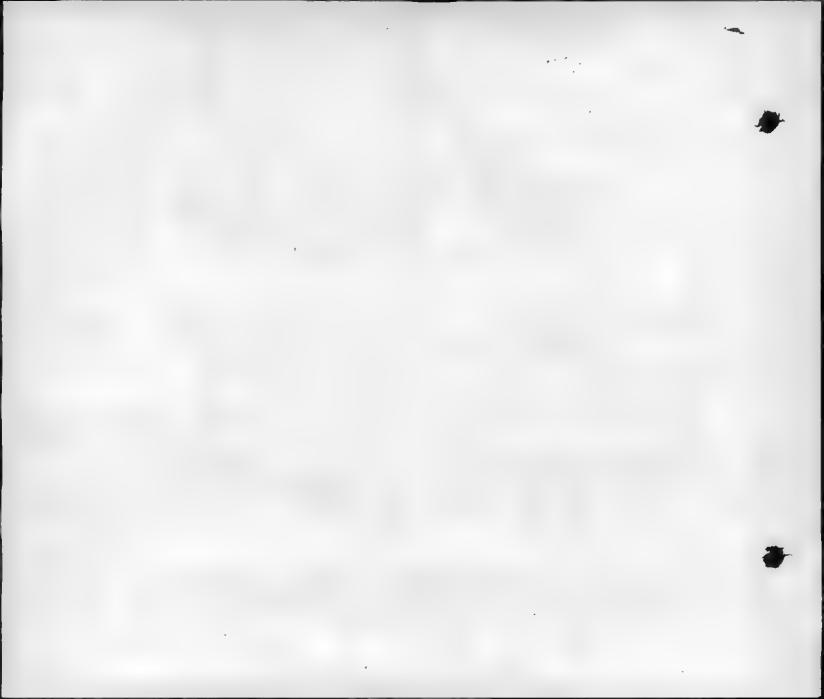
07201 •

				Reg, Dist, No.
I PLACE OF DEATH	* ************************************		2. USUAL RESIDENCE (Where deceased I	ived if institution Residence before odm scan)
	rinee George's	MARYLAND	District of Colu	b COUNTY
b CITY OR TOWN	(if autside corporate limits, write RUITA), was	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside corpora	le l'mits, write RURAL and give nearest town)
Chever	ly	1 hour	Washington	47x-3
d NAME OF HOSP	TAL OR INSTITUTION (If not in hos	pital, give street address)	d STREET ADDRESS	IS RESIDENCE ON A FARM?
	eorge's General H	l <b>os</b> pital	2920 Ontario Road	YES NO
3. NAME OF DECEASED	First	M'ddla	Lost 4. DATE	Month Day Year
	tephen Van R	ensselearS	Spitler DEATH	June: 7 1958
5. SEX	6 COLOR OR RACE 7- MARR E	NEVER MARRIED [] 8	DATE OF BIRTH 9.	AGE (In years IF UNDER 1YEAR, IF UNDER 24 HSS
Male	White WIDOWED	DIVORCED []	october 20,1926	31 yrs Manths Doys Hours M'n.
100 USUAL OCCUPAT	ION (Give kind of work done 10b K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign count	7) 12 CITIZEN OF WHAT COUNTRY
Mechanie	king life, even if retired)	atomobile	Georgia	U. S. A.
13. FATHER'S NAME	Rensselaer		14 MOTHER'S MAIDEN NAME	errorstander und de declaration <sub>(1</sub> 00 f. 2) familiales.
Stephen	Van jamen xSp:	Ltler	Rebecca Harrell	
15 WAS DECEASED E	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	IFORMANT	Address
Tes		79-30-2679 Pa	tricia Spitler, sa	ame 28: # 2
18. CAUSE OF DE	ATH Enter only one cause per line t	for (a), (b), and (c) ]		TENTERVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY: He	morrhage and s	shoek	ONSET AND DEA 14
835×	IMMEDIATE CAUSE (0)			
Canditions, if		ushed abdomen		
gove rise to imm	rediote cours			
(a), stating the	underlying DUE TO			
	THER SIGNIFICANT CONDITIONS CO	NTERUTING TO DEATH BUT N	OT PELATED TO THE TERMINAL DISSASS CO	INDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	-			PERFORMED?
5 Mult	iple lacerations	of head, fract	ured clavicle, broke	n_rib. YES NO 1
PRIMARY OF DEATH	ONTRIBUTING	_	nter nature of injury in Port Lar Port II of it	em 18)
	DYTAOY		r that turned ever	www
20c TIME OF IND	URY Month, Doy, Yeor 20d II		CE OF INJURY (Home, farm, 120f (City or 1	own) (County) (Stote)
1:30%	6/7/ 1958 While at wor			Marlboro P. G. Md.
21. I certify	that I took charge of the r	emains described abo		ection Inquiry, and in my
opinian deat	resulted fram: Natural c	auses ], Accident 🛣		
	1		•	
ACTUAL SIGNATURE	100	1 2-	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	mer 4	1 sole	ASSISTANT MEDICAL EXAMINER	
EXAMININGS NAME (Type)	James I. Boyd	٧	DEPUTY MEDICAL EXAMINE	June 7, 1958
		22c NAME OF CEMETERY OR		(City, town, or county) (State)
Bun and		Arlington I	Nat. Cem. Arlin	77.
23 FUNERAL D RECTO	OR S SIGNATURE	ADDRESS .	240. REC'D BY REGISTRAR	and annual and a second of
Dah	7	55/ Wisconsi	n_Aye.	
TOT U	Pumphrey B	ethesda, Mary	Tand DATE JUN 1 0 58	1 Whench



## files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e COUNTY O. STATE **b** COUNTY c. CITY OR TOWN (If Jutside corporate lim'ts, write RURAL and give nearest town) e. IS RESIDEN E ON A FARM YES NO 5 NAME OF Middle DATE DECEASED OF (Type or print) DEATH 7. MARRIED NEVER MARRIED Months Days WIDOWED [ DIVORCED [ UPUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of Borking tire, even if retired) 13. FATHER'S NAME Michael STACK Bride Daly IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEET ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause! **DUE TO** (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form, white Not white 20c. TIME OF INJURY Month, Day, Year form, 120f. (City or low) (County) Not while at work at work 21. I certify that I taak charge of the remains described above, beld an Autapsy Inspection ... Inquiry 17. opinion death resulted fram: Natural causes ... Accident ... Suicide ] Homicide ... Undetermined manner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR M.D. EXAMINS DEPUTY MEDICAL EXAMINER NAME. 22d. LOCATION (City town, or county) (State) Agres Cemetery Albany 6-24-58 St. Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE DATE JUN 2 3 58 26. HEGISTHAN SYSTOMATURE VS A15ME W.W. Chambers, 1400 Chapin St. Washington, D.C. 5M 2,57



edmission)

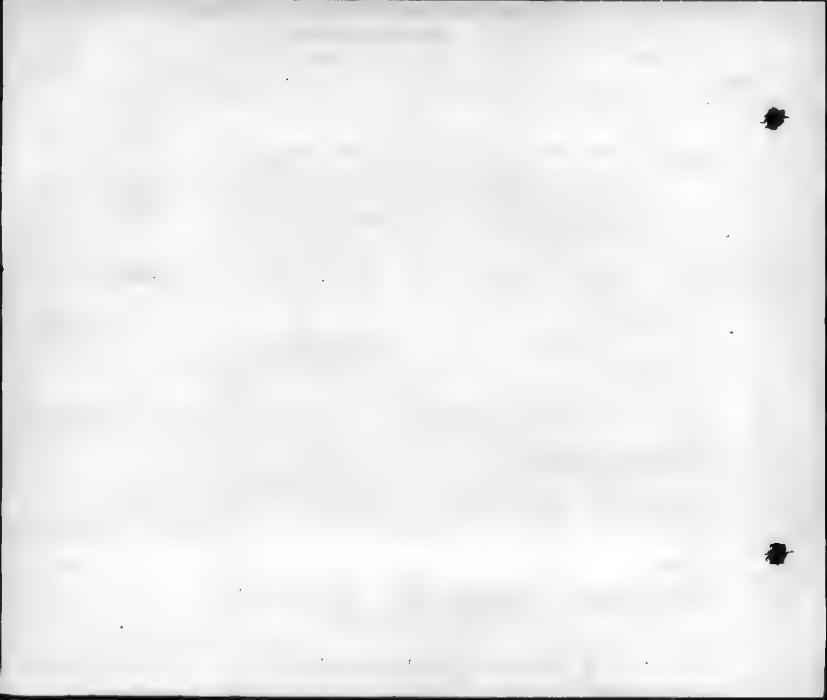
	119
with	-
be filed with	M)
å L	
Ž.	٠,

executed within 24 hours ofter death. Page 4

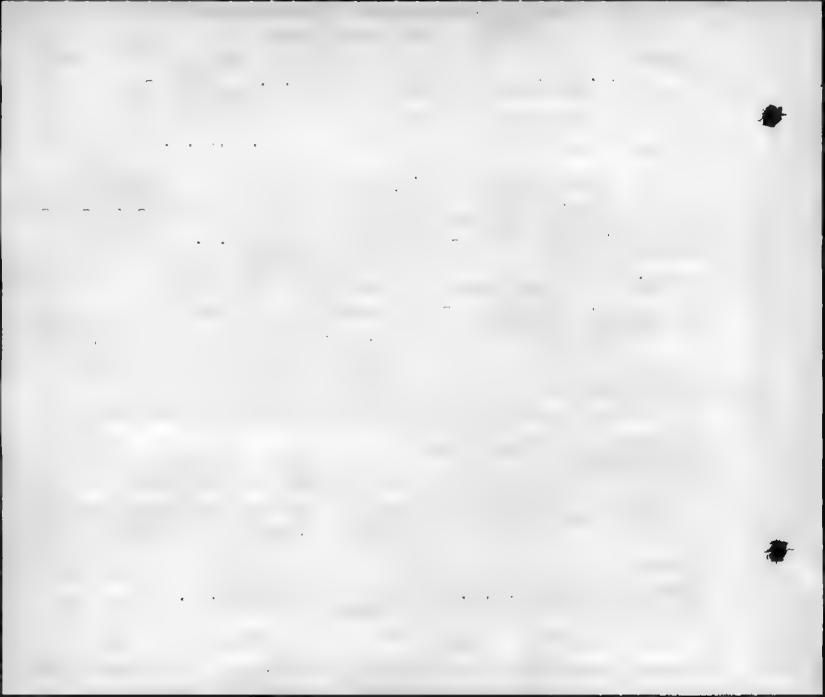
ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR

direct filed w	C. COUNTY Prince George MARYLAND C. STATE Md b. COUNTY Pr. Geo. Co.
De de	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  Liverdale  Seabreak
6.2 st	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BOX 38  OR INSTITUTION BOX 38  OR INSTITUTION BOX 38
illed in b	3. NAME OF DECEASED (Type or print) John Martin Steele JR DEATH June 5 1958
completely fille	S. SEX  S. SEX  S. SEX  S. COLOR OR RACE  OF MARRIED NEVER MARRIED   B DATE OF BIRTH  OF BIRTH  OF MIDOWED   DIVORCED   1-18-31   9. AGE [In yours lif UNDER 14 FAR IF UNDER 24 HRS]  Min Min Min Min Min Min Min Min Min Min
6	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  THYSICIST  U.S. GOVERMENT  12. CITIZEN OF WHAT COUNTRY?
5 5 4	13. FATHER'S NAME Wartin Steele Gladys Fras ER
ing physics se remave 72 hours	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ITOS no. or unknown)   III yes give wor or dotes of service)   Record
e attending en please ra nt within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Week  INTERVAL BETWEEN ONSET AND DEATH  WEEK
igned by the permit. The	Conditions, if any, which gave rise to immediate couse (a), staling the under DUE TO  DUE TO  Conditions, if any, which (b) Carcinoma, undifferentiated Primary Site (Markhy)  DUE TO  18
physicion. as been si iol-transit ovol. and	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
lending ficate h the burn	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
for all or all this cert with the cert with the cert in the cert i	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work at work at work 19 Not work
he hospil	21. I certify that I attended the deceased fram. 1957, ta 5 1958, that I last saw the deceased alive on 5 1958, and that death occurred at 9158 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
ined lid be prior to	SIGNATURE / James 9/ Valancy M.D. 4814-715t ave. 5 June 193
Description of the state of the	PHYSICIAN'S THO MAS G. MALONEY LANGUES MULLS MULL  270. BURIAL CREMATION, 276. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Iown, or county) (Stote)
moy be re poge 3 sh	Burial 6/9/58 Fort Lincoln Cemetery Colmar Manor, Md.
- 1- VS A1S (4) 1SM 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE  1°. Gasch's Sons Hyattsville, Maryland.  DATE  240. REC'DITAREGISTRAS 8  246. FEGISTRAS 8  246. FEGISTRAS 8  246. FEGISTRAS 8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

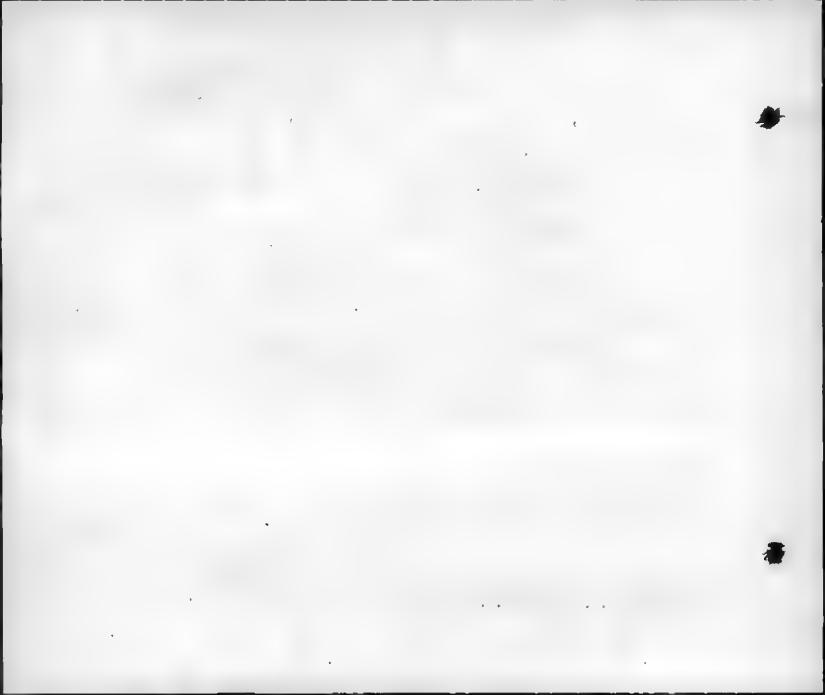
471	3 CERTIFICA	ATE OF DEAT	H	Reg. Dist. No.
Prince Georges	MARYLAND	2, USUAL RESIDENCE (W ₹ o. STATE Marry] a	b. COUNTY	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write f	RURAL and give negrest lown)
Cheverly, Md		X Tuxedo,	lid	
d NAME OF HOSPITAL (If had in hospital, give stre OR INSTITUTION	et address)	d STREET ADDRESS		B IS RES DENCE ON A FARM?
Prince George's Gen. Ho		4810 Frahlie	ch Lane	YES NO 10
NAME OF TO FIRST	Middle	rhasin	4. DATE Mor	
SEX COLOR OF RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IFUNDER I YEAR IF UNDER 24 HRS
wino	WED DIVORCED		last birthday)	
Do. USUAL OCCUPATION (Give kind of work done 10		6-27-01		12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	0. KIND OF BUSINESS OK INDO.		land	U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles J Tai	llie	Unk	cnown	
WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO 17 II	NFORMANT	Add	ress
Yes, no, or unknown) [If yes, give wor or date of service)	nana Ch	arles H Tail		
yes ww.l	Hone	7		
18. CAUSE OF DEATH [Enler only one couse per PART I DEATH WAS CAUSED BY.	(ine for (o), (b), and (c).]		,	ONSET AND DEATH
IMMEDIATE CAUSE (a)	inacae	fan	to anale	
L/ LO / DUE TO	0 -	100	1 -/ "	
Conditions, if ony, which ) (6)	Perl. P	och le	Denh	lan
gove rise to immediate DUE TO		1	0	
lying couse last, (c)	exposel,	Cart V	motor a	-
PART IT OTHER SIGNIFICANT CONDITION	CONTRIUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO N
20g. ACCIDENT WAS UNDERLYING TO 206. DI OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in	Port I or Port II of item 18.)	
Haur o. m. Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc	n. 20f (City or town)	(County) (State)
21. I certify that I attended the decer	sed from June 5	10 ) / ta	June 76 10 10	,that I last saw the deceas
9/11. 63/1	10 1			
alive on 19	, and that death		A.M. from the causes of ADDRESS (Street, city or town,	and on the date stated aba
ACTUAL SIGNATURE 1: G DC 12	orna_		rille Md	June 9, 19
PHYSICIAN'S NAME (Type) TI A RUNGMAN M.	D	Hyat	tsville Md.	
20. BURIAL, CREMATION, 226, DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town,	or county) (Stole)
Cremation 6/11/58	Fort Lincoln		Colmar Man	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
	yattsville Mar	wland.	D BY REGISTRAR 24b. REGI	
* • Guach a ~Olla li	ACCORDATITE LIGHT	ATTENTION LEADER		1 - 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be exiached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shuther registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

eral director, be filed with

YS A1S (4) 15M 10/S7



1	rificate has been signed by the attending physician and campletely filled in by the physician director	,	
ICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page of physicion	director	as the buriol-transit permit. The please remove carbon papers. Pages 1 and 2 4 and be filed with	
death.	<b>Euneral</b>	d be f	
offe	141/		
hours	in by	pue	
in 24	filled	ges 1	
3	elely	9	
cuted	campl	soperi	ng.
oe ex	pup	rbon p	er de
cate	sicion	ve ca	ite aft
certifi	g phy	гето	72 has
deo th	lendin	please	the transfer of the same week of the state of the state of the
The T	the at	Thur	2 0000
es tho	d by	Ë	700
equire	signe	it per	24
law r	peen	-Irons	av ju
ICIAN: The law recontrol of the state of the	e hos	buriol	2000
LAN	ifical	the !	200
2 7	T	100	S

K

041

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7174

**CERTIFICATE OF DEATH** 

07206

Reg. Dist. No.

	PLACE OF DEATH COUNTY Prince Geo	rges		MARYLAND	O STATE		ed lived. If institution b. COUNTY.	~		
-	b City OR TOWN (If outside of		c. LENGTH OF	STAV INI 16		ryland	corote limits, write RU		eorg	
ľ	RURAL ond give negrest town Riverdale		14 da		-	tsville	OFOIR HMIIS, WITH KU	KAL and give	nedrest to	waj
	d. NAME OF HOSPITAL (IF not	in hospital, give street		10 111	d. STREET A				e. 15 R	ESIDENCE
	OR INSTITUTION	rial Hosp				Baltimor	e Blvd.		YES	A FARM?
_					WIN					
- 1	NAME OF DECEASED (Type or print) MO	RAN First	OLIVER	iiddle	TANNE	R, JR DEAT	Month H June	24th	Doy	Yeor 1958
5 5	SEX   6 COLO	R OR RACE 7. MARI	NEVER M	ARRIED 1	DATE OF BIRTH			IF UNDER 1 Y	~	
		ite WIDOWI	ED DIV	ORCED 🔲 🖟	May 18t		45 yrs.	Months Do	ys Hour	rs Min
00	USUAL OCCUPATION (Give k during most of working life, ex	and of work done 10b	KIND OF BUSINE	SS OR INDUS	TRY 11. SIRTHPL	ACE (Stote or foreign	country)	12 CITIZE	N OF WHA	AT COUNTRY?
	Bus Driver	Gı	reyhoun	d Line	s Sh	aron, Pe	nna.	l U	SA	
3.	FATHER'S NAME					MAIDEN NAME				
	Moran Oliv	er Tanner	Te .		Bert	ha Fern	Jenks			
\$.	WAS DECEASED EVER IN U. S.		SOCIAL SECURITY	Y NO 17 IN	FORMANT		Addre	" Bel	tsvi	lle. M
1:45	No No	ne 2%	25-05-1	379 Do	rothy	L. Tanne	r. 10601			e Blvd
	18. CAUSE OF DEATH [Enter	only one cours per lie	ne far (a). (b), and	4 (c). ]		<del></del>			NTERVAL	
	PART I. DEATH WAS C	AUSED BY DY	neumoni	4-	minal)				DNSET AN	DEATH
	IMMEDIA	IE CAUSE (0)	10 WINOILL	0 1101	mrnar/				40	III.S.
		DUE TO G	erebral	Hemor	an oder				12	down
	Conditions, if any, which gave rise to immediate	(0)	or oprar	TICHOT	THERE				エム	days
	couse (a), stating the under-	> DUE TO	sentia.	Harne	ntonet	022			0	
	lying cause lost	/ (0)		· · · · · · · · · · · · · · · · · · ·						yrs.
õ	PART II OTHER SIGNIF	TCANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(c	1) 19. WA'	S AUTOPSY FORMED?
3										X NO [
CERTIF	20g ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL)	OF DEATH	CRIBE HOW INJU	RY OCCURRED	(Enter nature of	injury in Port I or Po	ort II of item 18 )			
¥	20c TIME OF INJURY Month,		NJURY OCCURRED	20. PLA	CE OF INJURY (F	lowe form 1206 IC	ty or town)			46
MEDIC	Hour o. m.	While at wor	Not while_	foct	ory, street, office	bldg., etc.)	ry or idway	(Cour	177)	(State)
	21. I certify that I atte	ended the decease	ed from Jili	ne 8tr	10.58	to June 2	4th. 10 58	that I last	rough th	e deceased
	alive on June 23	rd. 195					m the causes an			
	Conve on Carrie	7///	did i	mar deam	occurred di.		Street, city or town, st			DATE SIGNED
	ACTUAL (7) N 40	11/1/	0000		6220	Ager Ro		orej	G	
	ACTUAL SIGNATURE	1191	Ou	MADN	1.D				0	/24/58
	PHYSICIAN'S Ernes	t J. Pare	ent		West	myactsv	ille, Md			
20	BURIAL, CREMATION, 226. 0	ATE THEREOF 27/1958	22c NAME OF	CEMETERY OR	CREMATORY	229 100	ATION (City, town, or	county)		ote)
	Burial /	r 1/ Tano	Fort L	THEOTI	Cemet	ery Colm	ar manor	, Tr. G	80.C	o., Md.
	FUNERAL DIRECTOR'S SIGNATU	$\alpha$	ADDRESS	. 7	* -2	240 REC'D SY REGIS	TRAR 246 REGIST	RAR'S SIGNA		
43	.W.Chambers	Company,	Riverd	are, M	d.	DATE JUN 2 7	30 000	it eau	CA	

TO HOSPITAL OR ATTENDING PHYSIC moy be retained by the haspital or off TO FUNERAL DIRECTOR: After this certipoge 3 should by proched for use as the registror prior to buriol, crematian.





	F	O	R	51
ŀ	1E	A	LŢ	H
pledie	Page .	files	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book 11 Health, The	
cessory	lire, for	4 should be fare led to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for it files	þ	
y is ne	erol c	ined fo	ite Bor	ے
y delo	the fur	e reto	he Sto	er dea
T OH	3 to 1	moy b	with 1	urs aft
death.	2, and	2 9 5 D	and 2	72 ho
s of lef	ges 1,	M3. P.	ges 1	within
f hour	ve Po	Orm P.	ile po	and a
thin 2	© ∞	With f	mit.	in ony
w Del	Item,	alang	it per	puo .
exmen.	icil in	Office	Il-trons	movoi
ad pa	in per	ner's (	borio	or re
re sho	ding"	Exami	d as a	notion
erhitico	i pen	dical	be use	l, crem
This Co	e ward	ief Me	bloor	burial
NEK:	ing the	he Ch	3e 3 sì	ior to
EXAM	a, write	ed to	R: Pag	ant, pr
CAL		į	Ç	ed age
MED	he cer	be for	At DII	or its designoted agent, prior to burial, crematian, or removal, and in any meant within 72 hours after death
FFUI	scole h	hoold	UNER	its det
0	exe	4	0	0

VS ATSME 5M 2 S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18 ()	7208
7219MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No	).

	PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased lived If institut	ion: Res dence before admiss on)
	o. COUNTY P:	rince Georg	GES MARYLAND	o. STATE Mary	land b COUNTY	Pr. Geo.
1	and give rearst town)		772		f outside carporale l'mits write l	RURAL and give nearest town)
-		owie	31 years	DO W	.6	
'			in hospital, give street address)	d STREET ADDRESS		IS RESIDENCE ON A FARM.
-		illmead Ros	ad	H11]	mead Road	YES NO
	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	George	Elbert	Taylor	DEATH June	26 19 58
5.		6 COLOR OR RACE 7.	MARRIED   NEVER MARRIED   8	DATE OF BIRTH	9 AGE (n years last berthday)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	white wi	DOWED TO DIVORCED	4-21-87	71 yrs.	Months Days Haurs Min
100	USUAL OCCUPATIO	N (Give kind of work done	106 KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stol	e ar fareign country)	12 CIT ZEN OF WHAT COUNTRY
	Retired	g ife, even if ref red)	Farming	Maryla	and	U.S.A.
13.	FATHER'S NAME			14 MOTHER'S MAIDEN		
	John R	Taylor		Sara	h E. Marshal	7
		R IN U. S. ARMED FORCES		IFORMANT	Address	******
110	e ne er entreenj	(if yes, give wer or dates at service		rtram E. T	aylor; Muirk	irk. Md.
-	18 CAUSE OF DEAT	H [Enter only one couse pe			and many transfer	INTERVAL BETWEEN
		H WAS CAUSED BY:	Cardiov	agenlar re	nal disease.	ONSET AND DEATH
	in 42x	IMMEDIATE CAUSE (o)	002 4207	aboutul 10	Har arbeabe	
		DUE TO				
	Canditians, if an gove rise to immed	inle couse				
	(o), stoling the u	enderlying DUE TO				
_	cause last.	) (c)				
ģ	PART II, OTH	EK SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINALDISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED?
3						YES NO
CERTIFICATION	PRIMARY Or CON CAUSE OF DEATH.	SE WAS STRIBUTING 1	ESCRIBE HOW INJURY OCCURRED (E	nter noture af injury in Pa	rt i ar Port II of item 18 )	
3	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Hame, for	m. 1 20f. (City or lawn)	(County) (State)
MEDIC	Hour o, m,		While Not while facto	ry, street, affice bldg., et		(Casiny)
ž	p. m.	19	at work at at wark			
			the remains described abar			Inquiry and in my
	opinion death i	resulted from: Nati	ural causes 🗶, Accident [	, Svicide [,	Hamicide, Undeter	mined manner
	ACTUAL )	1 > 000				DATE SIGNED
	SIGNATURE TO	mn INC	alamera -	M.D CHIEF MEDICAL E	XAMINER [	
	EXAMINER'S .		)	ASSISTANT MEDIC	CAL EXAMINER	
_	NAME (Type)	John T. Mal	oney, M.D.	DEPUTY MEDICAL	EXAMINER X JUI	ne 26, 1958
220	BURIAL CREMAT OF	N 226 DATE THEREOF	22c. NAME OF CEMETERY OR		22d LOCATION (City, town, or	caunty) (Stote)
	"Burial"	6/28/58	Holy Trinity	Cemetery	Collington M	d.
23	FUNERAL DIRECTOR'S		ADDRESS		"D BY REGISTRAR 246 MEGIST	RAR'S SIGNATURE
	F. Gasch	's Sons H	lyattsville Md.	DATE	JUN 3 0 '58   U	Freduch





## FOR STATE HEALTH DEPT.

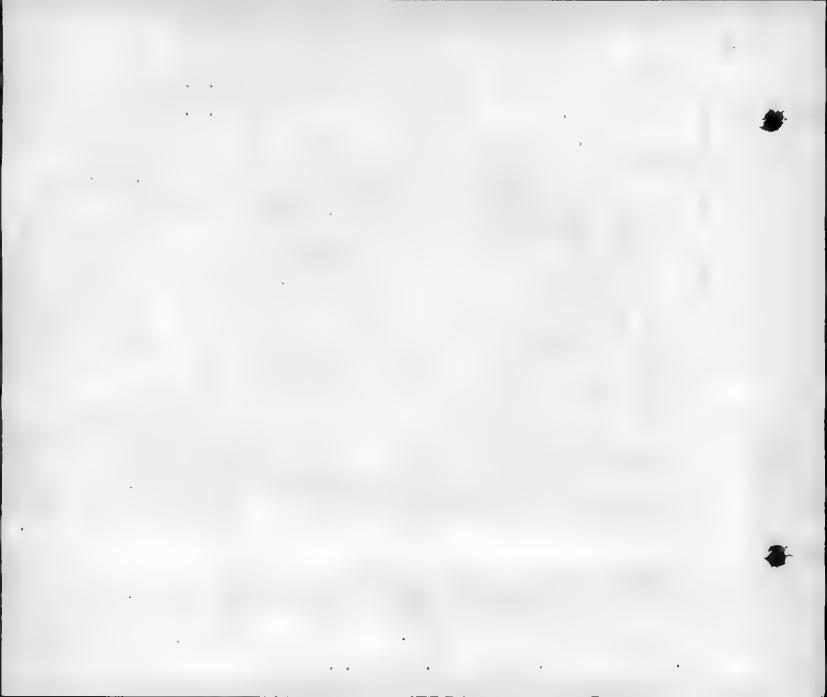
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If only delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be four plus, any be retained for y files. A should be four plus and pencil in Item Plus. Page 5 may be retained for y files. TO FUNERAL DIRECTOR: page 3 should be used as a buriol-transit permit. File pages 3 and 2 with the State Bod of Health, or its designated agent, prior to buriol, cremation, at removal, and in any yearl within 72 hours ofter death. necessary, please

VS ATSME 5M 2, 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

07210

1. PLACE OF DEATH	o. COUNTY				2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)				
	rince George	5	MARYLAND	o. STATE Washington D. C. COUNTY					
b. CITY OR TOWN and give negrest to	l (1º outs de corporate limite write awai)	PURAL C LENG	GTH OF STAY IN 16	c CITY OR TOWN (	If autside corporate lis	mils, write RJRAL and	give nearest town)		
Chever	rly Md.	21	www	Wash	ington D.	C			
d NAME OF HOSE	PITAL OR INSTITUTION (	finat in hospital, giv	e street address)	d. STREET ADDRESS			IS RESIDENCE		
	orge's Gener	ral Hospit	al	816 K St	reet NE		YES NO		
3. NAME OF DECEASED	Firs	-	Middle	Lost	4 DATE OF	Manth	Day Year		
(Type or print)		mel		ndle   DEATH June 1, 1958- 19					
5. SEX	6 COLOR OF RACE	7. MARRIED N	EVER MARRIED	DATE OF BIRTH	9, AGE		TYEAR IF UNDER 24 HRS Days Hours Min		
male	colored	WIDOWED .		May 2, 147	L/ \ 27	yrı.	Day's Tricons Trikini		
10a. USUAL OCCUPA during most of wor	TION (Give kind of work of king life, even if retired)	lane 10b KIND OF	BUSINESS OR INDUS	TRY 11 BIRTHPLACE (SIOT	e or foreign country)	12 CITI	ZEN OF WHAT COUNTRY?		
Labor	rer	Dairy		Lawndale	N C	U	SA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Ralph Tyndle			Marie	Haygood				
15. WAS DECEASED [Yes, no, or unknown)	EVER IN U. S. ARMED FOI		SECURITY NO. 17,	NFORMANT		Address			
yes	W W 11		Ra	lph Tyndle	Lawndale N	orth Carol	ina		
	EATH   Enter only one cau	se per line far (a), (l	b), and (c). ]	)	0	1	INTERVAL BETWEEN		
PART 1. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hen	m	resea	ud A	hoch			
	. DUE TO	A	1		1				
Conditions, if		Car	usle	_d C	hert				
gave rise to imm (a), stating the									
couse lost.	(c).						_		
PART II, C	THER SIGN FICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART			
PART II, C							YES NO P		
E 20g EXTERNAL	AUSE WAS 200	DESCRIBE HOW I	NJURY OCCURRED	Enter noture of injury in Po	or Port II of them	18)			
CAUSE OF DEAT	н.	anen	ser in	auto 1	LATA	an 1	Cood		
3 20c TIME OF IN	JURY Manth, Day, Yea		COURRED 20e PL	CE OF INJURY (Home, for	m. 20f. (Cily at town	) Lav	inty) (State)		
1 5 th	E 6-/ 19	While N		wie 14	7no	Troppo (	Ph ha		
21. I certify	that I toak charge			ve, held an Autop	sy . Inspecti	on V, Inquir	y Z and in my		
opinion deat	h resulted fram: 1	Vatural causes	, Accident	D. Suicide [].	Homicide	Undetermined n			
		0 —	-	(Lat.)	,	The state of the s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ACTUAL SIGNATURE	Denner !	19/	Sand	M D CHIEF MEDICAL	EXAMINER []		DATE SIGNED		
3 GIATORE	1.		0		CAR EXAMINER []		.5,		
EXAMINER'S NAME (Type)	JAhos	115	and	DEPUTY MEDICAL	EXAMINER T	*und	1,1958		
220. BURIAL CREMA	ON 226 DATE THEREO	F ZZc NA	ME OF CEMETERY OF	CREMATORY	22d LOCATION	ty town, or equaly)	(State)		
REMOVAL (Spec Removal	6/2/58		ELBY N.C.				(		
23 FUNERAL DIRECT	OR'S SIGNATURE		DRESS	24a. REC	SHET BY	N.C.	NATURE		
W.ERNEST	JARVIS CO.	1432 YOU	St. NW W	ash.D.C DATE.	IIN 5 '58	allifiedu	ik		



ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

07211

7177 CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY Prince	e Georges	MARY	LAND	2. USUAL RESIDENCE (When		d lived If institution: b. COUNTY		e odmission	•
	b. CITY OR TOWN (IF RURAL and give ner	autide corporate limits,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If out	tside carpa	irate limits, write RUR	At and give nea	rest fawn)	
Bladensburg		1 mont	h	Bladensburg						
d NAME OF HOSPITAL (If not in haspital, give street address) 4114-54th Street					d STREET ADDRESS 411454t	h St	reet,		ON A FA	LRM?
	NAME OF DECEASED (Type or print)	HENRY	MICHAEL	1	UFFELMAN	4. DATE OF DEATH	Month June	11th,		* 58
	sex Male	White w	MARRIED NEVER MARRI	• 🗆	8. DATE OF BIRTH Aug. 25th, 18		67 yrs.	Aniha Days	Hours	24 HRS. Min
_	<ul> <li>during_mast at world</li> </ul>	N (Give kind of work doning life, even if retired) CATION UPE	1		stry 11 Birthplace (State of ne) Oakdale			USA	F WHAT CO	DUNTRY
	Rhinehart	Uffelman			Helen Sha	we lffer				
		NONE			NFORMANT yrtle M. Uff	elma	Addre <u>k</u> in, 4114-	ladens -54th	burg St.	m Mo
	PART I. DEAT	TH [Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b) and (c)	I.	Carcinomo	rtos	a		RVAL BETWEET AND DE	
	Canditians, if an	, IDI V	arcum	~~	of Kerry	ety.		3	repr	2
	gave rise to in cause (a), stating t lying cause last.				0					
2014	Part II OTH	ER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	AL DISEASI	E CONDITION GIVEN	I IN PART I(a)	PERFORM	
L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING   201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRE	D (Enter nature of injury in Po	irl i ar Pari	t (I of item 18 )			
WEST CO	20c. TIME OF INJURY Haur a. m, p. m.	10	20d. INJURY OCCURRED While Not while at wark at a wark		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f (Cily	or lawn]	(County)		(Stote)
	21. I certify the	at I attended the de	ceased from may	2/5	1958.10	CESS SEE	1/ 1958	that I last sa	w the de	ceosec

6/11/1958

5102 Annapolis Road Bladensburg, Md.

(State)

Kauffman PHYSICIAN'S Julius

220. BUR'AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6/11/19!

22c NAME OF CEMETERY OR CREMATORY Montour Cemetery

22d. LOCATION (City, tawn or county) Oakdale, Penna.

23. FUNERAL DIRECTOR'S SIGNATURE W.W.Chambers Company, Riverdale, Md.

24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

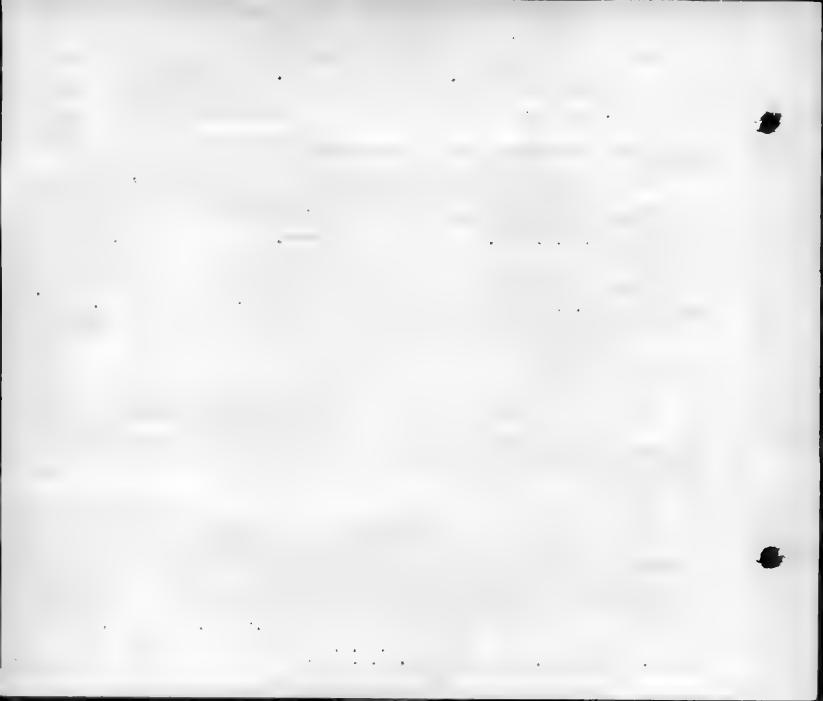
VS A15 (4) 15M 9/55



S.H. Hines Co., 2901 14th St. N.W.

haurs after death. Page

certificate



7220 **CERTIFICATE OF DEATH** With 2 USUAL RESIDENCE (Where deceased lived If institut gas Residence before admission) PLACE OF DEATH o. COUNTY Filed b. COUNTY MARYLAND within 24 hours after death. erol b. CITY OR TOWN (If outside corporate limits, Arite C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest fawn) d. NAME OF HOSPITAL of not in hospital, give street address d. STREET ADDRESS OR INSTITUTION P4 NAME OF First Middle 4, OF DATE DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthdoy) DIVORCED [ WIDOWED [ 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during month of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) "GHOMA **DUE TO** ά and Conditions, if any, which Frmit (b) signed gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost, CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) 0. m While Not while at work 🔲 at work p. m. 21. I certify that I attended the deceased fram. alive an and that death occurred at A. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL DIREC P O HOSPITAL FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY **LOCATION** (City afod REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245 REGISTRAR'S SIGNATUR 24g, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A1S (4) 1SM 9/55

Reg. Dist. No. ()7213

e. IS RESIDENCE ON A FARM? YES 🔲 NO 🏿 Day Year 1958 UNC IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 5 PERFORMED? YES NO (County) (Stote) ..that I last saw the deceased (Stole)





0

1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

ON A FARM? YES- NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO []

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(State)



I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter dimiti. Page ii VS A15 (4) 15M 9/5S

	• 14 (3)	G CERTIFICA	AIE OF DEATH	Reg. D	ist. No.
1,	PLACE OF DEATH		2. USUAL RESIDENCE (Who	re deceased lived. If institutions Reside	nce before admission)
L	PRINCE GEORGES	S MARYLAND	MARYLAN	D b. COUNTY	CE GEORGES
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)		c. CITY OR TOWN (IF ou	itside carporate limits, write RURAL and	give nearest tawn)
	CHELTENHAM	2 YEARS	X CHELTE	NHAM	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		/ d. STREET ADDRESS		e. IS RESIDENCE
L		A.F. Base	102 WESTE	JOOD DR.	YES NO PARM?
	NAME OF First	Middle	last	4. DATE Month	Day Year
П	DECEASED (Type or print) GEORGE	OLIVER	WARNER	DEATH JUNE	27 1958
5.	SEX 6. COLOR OR RACE 7. MA	ARRIED PNEVER MARRIED	B. DATE OF BIRTH	The state of the s	R I YEAR IF UNDER 24 HRS.
	MALE CAU WIDO	WED DIVORCED	JAN 21 1916	H2 yrs. Months	Days Hours Min.
10	b. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if relired)	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a	or fareign country) 12. Cl	TIZEN OF WHAT COUNTRY
	PILOT USAF	USAF	M155	OURI	U.S.
13	FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	
L	GEORGE O. WAR	RNER	GRACE	C. BRADY	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   15. no. or unknown      (If yet, give wor or dates of service)			Address	
Ľ,	YES 19 Years	553-20-6240 U	ISAF Person	inel Records	
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
L	PART I. DEATH WAS CAUSED BY:	cute corone	ary occlus	ion with	1 hour
L	4 x 0 . 1 DUE TO				
L	Conditions, if any, which } Bot /	nyocardia	. Infarc	tion	
L	gove rise to immediate couse (a), stating the under-		J		
ı	lying couse last. (c)				
∑ Z	PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	Non	VE			YES D NO
RTIFI	206 ACCIDENT WAS UNDERLYING   206. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d Hour e.m. Whi	4.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		County) (Slate)
MEC		vork ot work			
L	21. I certify that I attended the decer	ased from D.O.	9. 19 10 JU	INE 27 1988 that I	last saw the deceased
П	alive on			.M, from the couses and on t	
П	V- 1 1/1/	1 2		ADDRESS (Street, city or town, state)	DATE SIGNEE
	SIGNATURE ACCUANT / KU	selver Capita	N.O. 100151	TUSAF HOSP	JUNE 27, 18
Г	PHYSICIAN'S			4	4 - 4 - 0
L	NAME (Type) KICHARD H.	WEBER	ANDREWS	A.F.Buse Was	h 25, D.C.
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, lown, or county)	(State)
	Duriol 12-38	arlington ;	Patt Com.	allington a	Engenia
23	PUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4	24a. REC'D	BY REGISTRAR 246 REGISTRAR'S SI	GNATURE
	W. W. Thambus to. I	nc. 5/7-11-	P. OF E. DATE		
			1 LI LIY		ww fl

I, the undersigned do hereby certify that while in performance of my duties as Medical Officer of the Day at 1001st USAF Hospital, Andrews Air Force Base, Washington 25, D.C. I received a call from wife of deceased, describing severe chest pains and requesting medical advice. I immediately dispatched an ambulance to home of deceased and had him transported to this facility, pronouncing him dead on arrival at 1:55 a.m.

RICHARD H. WEBER CAPT, USAF (MC)
Attending Physician

I

VS ATSME 5M 2/57

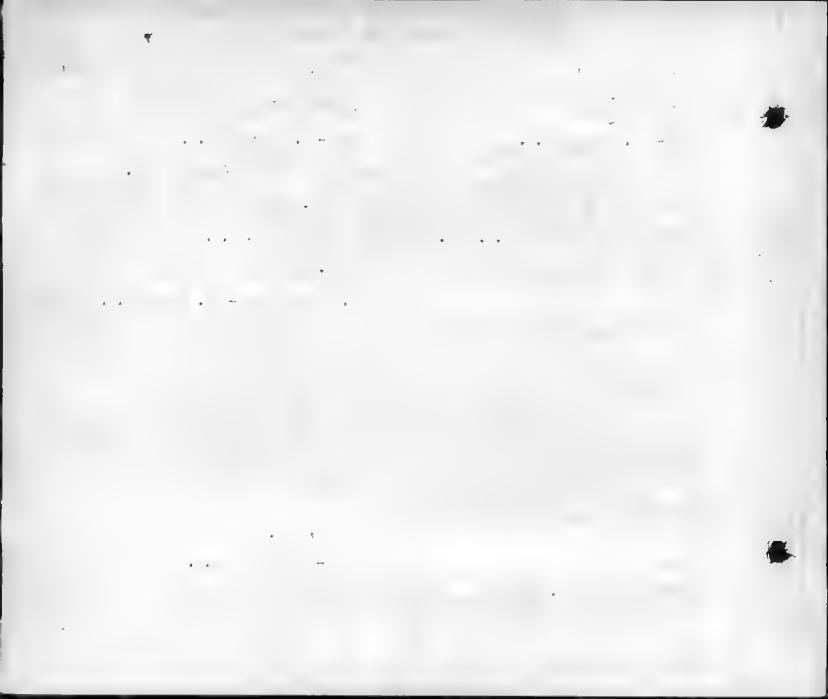
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 マククラ

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	7	2	1	7	

	1660	Reg, Dist, No.
	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
°	COUNTY () MARYLAND MARYLAND	o. STATE Massamo b. COUNTY Prince Sec.
ь	CITY OF TOWN (If outs de corporate land were RUPA) C LENGTH OF STAY IN 16 and gray hearest found	c. CITY OR TOWN (If guiside corporate/hmits, write RURAL and give neared lown)
	Daniel 2 years	Saurel
d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, q ve (set address)	d STREET ADDRESS L le IS FES DEN E
	515-8 m Sheet.	5/5- 8 theet VES NO
0	IAME OF ECEASED Pirst Middle	A DATE A Month Day Year
-	(ype or print) Clamps () Ilmadu	Walling DEATH June 23 1958
5, 51	TO TO THE STATE OF	DATE OF BIRTH  9-4GE, in years  Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST)	37 10
d	uring most of working life, gland retired)	12 CITIZEN OF WHAT COUNTRY?
12	TANHER SNAME	1 Wantema 1 Disiri
4 "	A TANKE	14 MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 173 IN	FORMANT!
1780.	no, or unknown) [If yes, give wor or dates of service)	DOMANT PLATER Addition
	CANCE OF PEARL (FOR ALL )	refinic wariams - Danne address
	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c) ]	INTERVAL SETWEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) 1 MUMAN GOA	1 mjardion
	00210	9.0
	Conditions, il ony, which by Julius any	mesasm
Н	(o), stoling the underlying DUE TO	
z	To a second	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19. WAS AUTOPSY
Carron		PERFORMED?
ğ TIF	FRIMAKT LI OF CONTRIBUTING LI	oter nature of injury in Part I or Part 11 of Item 18 }
	CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC Hour o, m. While Not while	E OF INJURY (Home, form, 120f (City or town) (County) (Slate) ry, street, office bidg., etc.)
1 7 1	p. m. 19 at work at work	
	21. I certify that I took charge of the remains described above	re, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔀, and in my
	opinion death resulted from: Natural causes 🗵, Accident [	], Suicide [], Homicide [], Undetermined monner []
	ACTUAL O - SAAY /	DATE SIGNED
	SIGNATURE JOHN VI Jaloney	M.D. CHIEF MEDICAL EXAMINER []
	EXAMINES JOHN T- MALONEY M	D DEPUTY MEDICAL EXAMINER DE JUNE 23. 1958
220.	BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Spe. ly) 6/26/58 Baltimore, Na	
23	UNIFRAL DIRECTOR'S-41GNATURE ADDRESS	THE T 245 PREC'D BY TEGISTRAT PARTY REGISTRAT'S SIGNATURE
	(Kect L. Suowale Rockville, M.	DATE WIN 7 55 1 200 South
-		The state of the s





VS A15 (4) 15M 10/57

,	
Prat director,	M

٦

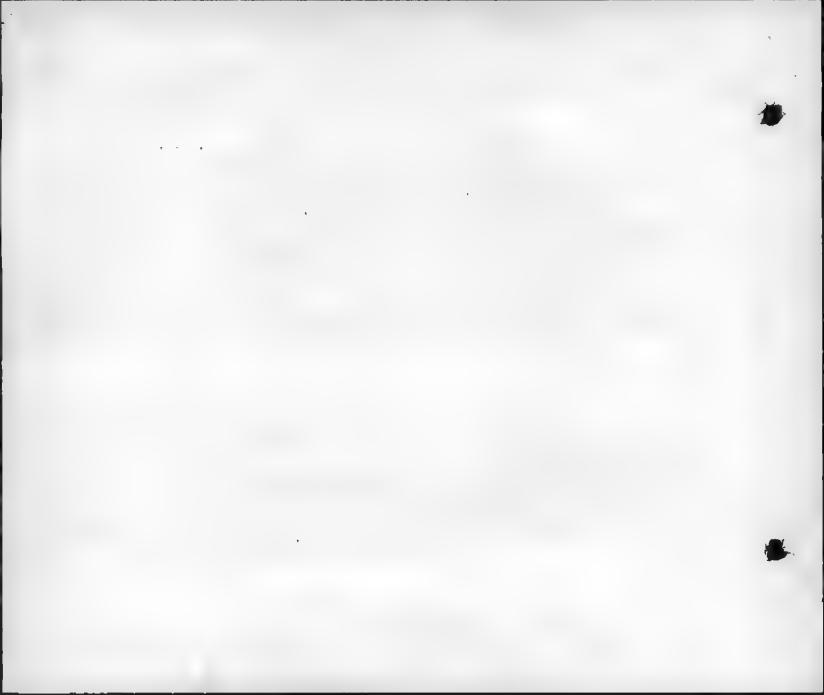
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7179 **CERTIFICATE OF DEATH** 

JE010

			()	6	Z	Į,	9	
,	Dist.	No.	-					

Reg

	1. PLACE OF DEATH a. COUNTY Prince Granges		2. USUAL RESIDENCE (Where de	ceased lived. If institution Residen	ce before admission)
	Time caurges	MARYLAND	o. STATE Maryland	b. COUNTY Prin	ce Georges
	b CITY OR TOWN (If autside corporate limits, write cure and give nearest town)  Cheverly	ELENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
1	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION  Prince Georges Genera		d. STREET ADDRESS	h Ave. S.E.	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) Elvira	Middle M. M. M.	Wells 4.0		Day Year 19 58
	Female White WIDOWED	DIVORCED [	8. DATE OF BIRTH	dast birthday) Months	Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kli dyring most of working life, even if retired) HOUSEWITE	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore	eign country) 12 CIT	IZEN OF WHAT COUNTRY
)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	en	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	Zes //	Pardie Wel	La 140 9-50 =	are. S.E.
	PART I. DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate  DUE TO  DUE TO	for (a), (b), and (c).]  Certy  Cercumst	yelingse in sthe	te & alocess formalio irethea.	INTERVAL BETWEEN ONSET AND DEATH
	lying cause last. (c)	NIRRUTING TO DEATH RUI	NOT BELLETED TO THE TERMINAL O	REASE COMPLETON CHANGE TO A SECOND	The Wat All Topey
	CATI				PERFORMED?
	OR CONTRIBUTING (I) CAUSE OF DEATH	BE HOW INJURY OCCURRED	). (Enter nature of injury in Part I (	or ratt II at item to.)	
	20c. TIME OF INJURY Month, Day, Year 20d INJU Hour a m. 19 at work	_ Not while fac	ACE OF INJURY (Home, farm, 20) tary, street, affice bldg., etc.)	. (City or tawn) (C	County) (Stale)
	21. I certify that I attended the deceased alive an	from and that death	accyfred at 2.00A M.	fram the causes and an the state of the causes and an the state of the	
	PHYSICIAN'S NAME (Type)		Wash	D.C.	11-11-11-15
	220. BURIAL CREMATION, 226 DATE THEREOF SURVIVAL (Specify) 6-7-5-8	24. Line	CREMATORY 22d	COCATION (City, town, or county)	Moreford
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 5/7-1, tt	BATE JUN 6		SNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7180 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

07220

	PLACE OF DEATH COUNTY Prince	George		MAR	YLAND	usual residence (w o. State Maryland		ed lived. If institut b. COUNTY	Prince	e Geor	rission)
	Cheverl		ls, write	c. LENGTH OF STATE		e CITY OR TOWN (IF	outside corp	orole limits, write	RURAL ond g	ive nearest to	wn)
	d. NAME OF HOSE	ITAL (if not in hospital, o		oddress)		d STREET ADDRESS 2507 Buc	klodge	a Road		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Frank		Middl MART		tost Williams	4. DATE OII DEATH	Мо		Day	Year 1958
5.		6. COLOR OR RACE	7. MARR	HED NEVER MARR	1E <b>D</b> X□ 8.	DATE OF BIRTH		9. AGE (In years last birthday)	Months .	1/1 1 YEAR IF UN Poys Hour	DER 24 HRS
100	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	iane 10b.	KIND OF BUSINESS	break	Y 11 BIRTHPLACE (Stole	or foreign of		1	ZEN OF WH	AT COUNTRY
13.	FATHER'S NAME	Williams			a-Ada-Pitalian and Harmadillahada	14. MOTHER'S MAIDEN					
1\$. (Ye		/ER IN U. S. ARMED FOR		None		Wartha Jan Walter F.			as Ite	em #2	
NC	PART I, DE  760, C  Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which (b) immediate DUE TO	B	rebral Bisth	ne	my DI RELATED TO THE TERM	IIINAL DISEAS	SE CONDITION GI	VEN IN PART	INTERVAL ONSET AN	7.1,3
CERTIFICATION	20a ACCIDENT W					(Enter noture of injury in				YES	PORMED?
MEDICAL		IRY Month, Day, Yea	r 20d IN White at work	NJURY OCCURRED  Not while  of work	20e PLAC factor	E OF INJURY (Home, form y, street, office bldg., etc	n, 20f (Cit	y or town)	(Co	ounty)	(Slote)
	21. I certify to ofive on	hot I oftended the	decease _, 12 \( \)		deoth o	. 1937, to ccurred ot 1:20	<b></b>	m the causes of treet, city or town,	and an th	e dote sta	e deceased ited above DATE SIGNED
220	BURIAL, CREMATION REMOVAL (Specific Burial	ON 226 DATE THEREO	1958	220 NAME OF CEN	_	REMATORY  Cemetery		TION (City, town,			ole) ryland
	FUNERAL DIRECTO	r's signature hison & Son	. Fre	ADDRESS ederick. M	arvlar		D BY REGIST		STRAR'S SIG	. /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

• FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be accorded far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 to the registrar prior to burial, cremation, ar mamayal, and in any event within 72 hours after death. may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/S7

15M 9/55

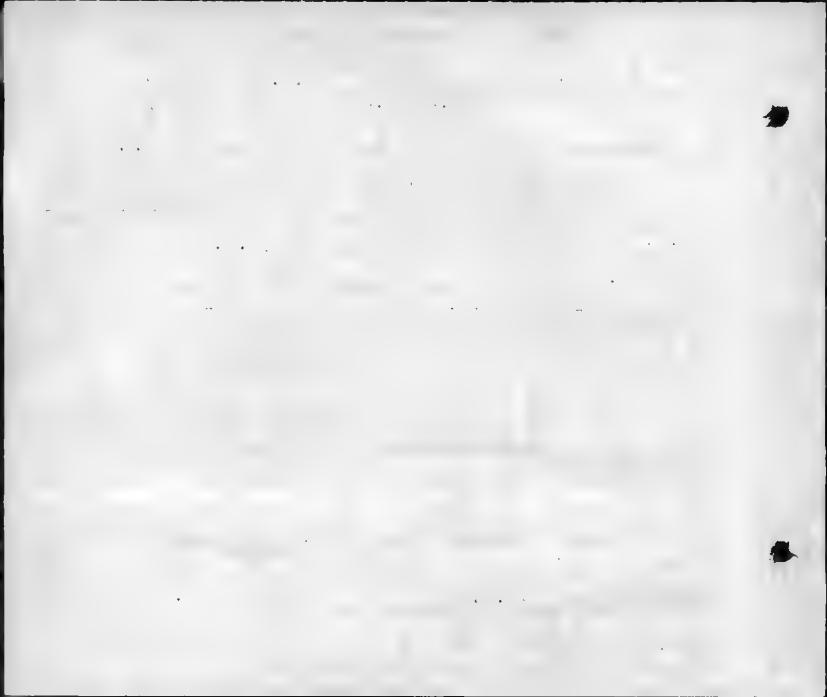
M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7225

**CERTIFICATE OF DEATH** 

07221

						Keg. Dist.	140.
1	1. PLACE OF DEATH	- C	MARYLAND	a. STATE	_ b. Ci		before admission)
	b. CITY OR TOWN (If o	utside corporate limits, write	c. LENGTH OF STAY IN 16			write RURAL and giv	re regrest town)
			1 yr., 3 mc	و ما			Sa . A .
	d. NAME OF HOSPITAL			d. STREET ADDRESS	HILLE COIL		6 e. IS RESIDENCE
		e Hospital		237	O Champlain		ON A LAWRIT
	3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
	(Type or print)	Gilber	t B.	Wilson	DEATH	6	5 19 53
	5 SEX	S. COLOR OR RACE 17. M	ARRIED HEVER MARRIED	A DATE OF BIRTH	9 AGE (In		
	Male	Negro Will	MAED TO DIACKCED T		44	yrs	
	auring most at working	life, even if retired)					
			Burlington Hote			US	5A .
	0	Talle 11					
	15. WAS DECEASED EVER I	N U. S. ARMED FORCES?	16, SOCIAL SECURITY NO. 117.		te	Address	
	7.7	yes, give wer or dates of service)	577-18-3166	Decedent.	_		
		Enter only one couse page		1 4			INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	Muscerly	u uttite	m .		ONSET AND DEATH
	4'	DUE TO	5 A A		2		
			THENDEREL	one Wort	Heres	1(_	14
	cause (a), stating the	under- DUE TO					()
				IT LOT OCLUTED TO THE PARTY.			
	PULMON	JARY ILB	SCOURS IN 19 PENDS	RONG JIAL	NALDISEASE CONDITI	ON GIVEN IN PART I	PERFORMED?
	101	ひんか ロシュートロ	こうさい スメリン・ディー	リアーコンハ・ステビ (フェ	12 V 4 1 1 1 4		TES DE NO
	OR CONTRIBUTING THE STATE OF TH	CAUSE OF DEATH					
	20c. TIME OF INJURY			PLACE OF INJURY (Home, form	n, 20f. (City or town)	(Co	unty) (State)
	X p. m.		THE PART WITHE	ocidity, street, office plag., en	6.]	5	
	21. I certify that	I ottended the dece	ased from2	25 , 1957 , to	6/5	12 58 that I la	st saw the decease
	alive on	1 . 1 .					
	ACTUAL	MIN IN	D. A.				DATE SIGNE
	METUAL	Droug P.A.	WIN	_M.D	<u>lenn Dale H</u>	ospital	6/5/58
	PHYSICIAN'S NAME (Type)	Moe Weiss, I	M. D.	G;	lenn Dale,	Md.	
	220. BURIAL, CREMATION,	226. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	224 LOCATION ICIN.	tawn, or county)	(Stole)
	Kennock			,	700	ngion	
	23. FUNERAL DIRECTOR'S S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS A	10001111		I dead	1
B. COUNTY Prince Georges  MARYLAND  D. C. CUNYOR TOWN (if worlde expected infinit, write a cuttoff of 51Ay in b sulfat on dight exceeses long for sections)  LYT 3 100 1  LYT							



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttems 10,11,12,13,11,15 Filmg230 6-18-58 et CERTIFICATE OF DEATH

7181

Rea, Dist. No.

	rinceGeorges		RYLAND 2.	a. STATE Mar	here decease	d lived. If instituti b. COUNTY	on: Residence Prince		
RURAL ond give	everly	hl day		E CITY OR TOWN (IF			URAL and giv	re negrest to	wn)
OR INSTITUTION	PITAL (If not in hospital, given No. George George			A. STREET ADDRESS	58th	A see		ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	First  James		wils	Last	4. DATE OF DEATH	Mor June		Day 6	Yeor 19 58
Male	6. COLOR OR RACE	7. MARRIED P NEVER MARR	RIED   8. C	O Nov 1889		9. AGE [In years lost birthday] 68 yrs.	Months De	YEAR IF UN	DER 24 HRS.
Oa. USUAL OCCUPAT during most of wa Custodian 3. FATHER'S NAME	orking life, even it retired)	one 10b. KIND OF BUSINESS		Montgomes 4. Mother's MAIDEN	ry Co.		12. CITIZE	A.	AT COUNTR
	Dick Wils	on,				ien name	unknow	n)	
S. WAS DECEASED EV	VER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY N	O. 17. INFO			Add			
Conditions, if gave rise to cause (a), statin lying cause lost	g the under-	Car cu	EATH BUT NO	A Are	AINAL DISEAS	L 16 7	L pas		AY 5 S AUTOPSY ORMED?
PART II. O  200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	WAS UNDERLYING THE STATE OF DEATH OF MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY	OCCURRED. (F	inter nature of injury in	Port I or Par	t II of item 18.)			No []
	JRY Month, Doy, Year	While Not while	20e. PLACE factory	OF INJURY (Home, for , street, office bldg., et	m, 20f. (City	or town)	(Cou	unty)	(State)
20c. TIME OF INJU Hour a. m p. m	. 19	of work at work	1						

ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Heath certificate be emeated within 24 hours after disthin Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be accepted far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 10/57

## SANTERONITANI MYTANI NE TRAMPANINO STATE LA LA VITANI

			100-100-10	
	tends to			
100			1000	
		21		

### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ressary, please execute the littles, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funer, rectar. Page 4 should be latwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

#### VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07223 7182 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						K	eg. Dist. (10	la .
PLACE OF DEATH	George's		MARYLAND	2. USUAL RESIDENCE 0. STATED. C.	(Where deceased live	b. COUNTY	N. E.	(are admission)
Chegerly		Dea	th of stay in 16	E. CITY OR TOWN Washington	(If autside corporate	limits, write RUR	41	earest town)
d. NAME OF HOSP Prince Ge	orge s Gener	ral Hospital give	street address)	d. STREET ADDRESS 1701 M st.				ON A FARMS
NAME OF DECEASED (Type or priCAL)	atina Ella F	razier Wo	Middle ods	Lost	4. DATE OF DEATH	Month June	Day 15	Year 1958
Female	Color of PACE	7. MARRIED NE	DIVORCED   8	DATE OF BIRTH	9. 65	for additional to the same of	INDER TYEAR	Hours Min.
during most of world Presser	TION (Give kind of wark king life, even if retired)	done 10b. KIND OF B			te ar fareign country		U.S.A.	F WHAT COUNTRY
3. FATHER'S NAME	8			Annie You	ung		-	
5. WAS DECEASED E	WER IN U. S. ARMED FO	16. SOCIAL SI 5780582		bertB. Fraz	ier Wash	Indiana ington,	D. C.	S.E. Son
Canditions, if gove rise to imm (a), stoting the couse last.  PART II. O	ediate cause		Trushed ch		MINAL DISEASE CON	IDITION GIVEN I		9. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL C PRIMARY DE OF CAUSE OF DEATH	d.	Occupant	t of an au	nter nature of injury in Po tomobile th	at ran off	road a	nd str	ick tree
20c, TIME OF INJ	6/36 5	8 White at work at	wark Tue	TE OF INJURY (Home, for try, street, office bldg., et ker Road	Oxon I	H111 P	(County)	(State) Md.
	h resulted fram: 1			Suicide ,	Hamicide [],  EXAMINER []  ICAL EXAMINER []	Undetermi	ned manne	DATE SIGNED
	6/19/58	Arli	ington Naturess  I Street,	CREMATORY  ional 240. REC	22d. LOCATION (		ounty)	(State)

2000 Last one of the part of the pa

myson weren't all smith all

durant de la completa del completa de la completa de la completa del completa de la completa della completa della completa de la completa della completa del 70004 را عداد المراجع على المراجع ال THE DI BARRIE telam Atunia Turniya MOTE TO A CONTRACT OF THE

No de agui etadas el

Josep Buriture)

complete the last the new that the new days all demonstrating or the contract

the court of the service of the serv

The state of the s

West als ages